



Multimedia Release Form

_____ I hereby grant the SMARTS Collaborative permission to use images of my child captured during regular and special SMARTS activities through video, photo and digital camera, solely for the purposes of SMARTS promotional and educational materials. These images may appear in a wide variety of formats and media including but not limited to; print, broadcast, videotape, CD-ROM, and electronic/online media. No names of subjects will be published if images are used on the SMARTS web site.

_____ I do not grant SMARTS permission to use images of my child in any promotional and educational materials.

Child's Name: _____ Program Level: _____

Signature of Parent/Guardian: _____ Date: _____