



*Experience the difference in learning!
A2O is to the brain, what H2O is to the body!*

Consent to Photograph, Film, or Videotape a Student

Student Full Name: (print) _____ Age: _____ Date: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the student names above by any **Acorns 2 Oaks** employee or volunteer, and any professional or student journalist taking photos on behalf of **Acorns 2 Oaks**.

I also grant to **Acorns 2 Oaks** the right to edit, use and reuse said products including use in print, on the internet, and all other forms of media. I also hereby release the **Acorns 2 Oaks** and its agents and employees from all claims, demands and liabilities whatsoever in connection with the above.

_____ I agree, you may photograph, film, video tape, and quote my child

_____ I disagree, Please DO NOT photograph, film, video tape, or quote my child

Signature of Parent/Guardian (if student is under 18): _____ Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if over 18): _____ Date: _____

Address of Student: _____

OFFICE USE ONLY

Signature of A2O Representative: _____ Date: _____