



Justin' Time Stables Release Form

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured by Justin' Time Stables, through video, photo and digital camera, to be used solely for the purposes of Justin' Time Stables and All About Achieving Learning Centers' promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Participant (please print): _____ Age: _____

Name of Parent/Guardian (please print): _____

Address of Parent/Guardian: _____

Email Address of Parent/Guardian: _____

Phone Number: _____ Mobile Number: _____

Parent/Guardian's Signature: _____ Date _____



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