



Photo & Video Release

Child(ren) Name(s): _____

_____ I hereby authorize Jonathan's Reptiles to take photos/videos of above
(Initial) mentioned child(ren) during reptile demonstration or activity. No names
will be attached to any photos/video used for marketing or educational
purposes.

_____ I authorize photos/videos to be shared on Jonathan's Reptiles Facebook page
(Initial) and/or website.

_____ Please share the photos/videos with me!
(Initial) Via Email: _____ Via Text: _____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____



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