



## **PHOTO RELEASE FORM**

**Event/Program Name:** In Step with the Seasons: Nature Therapy Group

**Event/Program Date(s):** 2024-2025 season

**Participant's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Information:** Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Photography Release:**

I hereby grant Acupuncture & Wellness Center and Guided in Nature LLC, its representatives, and employees the right to take photographs and video recordings of me and my property in connection with the above-identified event/program. I authorize Acupuncture & Wellness Center and Guided in Nature LLC, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that Acupuncture & Wellness Center and Guided in Nature LLC may use such photographs and videos of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, web content, and social media posts.

### **Photography Opt-Out:**

[ ] Check here if you DO NOT consent to the use of your photographs or video recordings as described above.

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **For Participants Under 18 Years Old:**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_, who is under 18 years old. I have read this release and approve of its terms.

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_