

# Parent Consent

Student's Full Name: \_\_\_\_\_

## Consent to Photograph or Videotape

1. I hereby give permission for my child, named above, to participate in interviews, quotes and taking of photography or video by Union Pointe Academy teachers, staff or designated adult.
2. I grant UPA the right to edit and use said products for non-profit use in print and all forms of media.
3. I release UPA and its' employees from all claims and liabilities in connection with the above.

## Consent to Transport

1. I authorize permission for my child to be transported in privately owned vehicles, to field trips, activities and the fitness facility. I release UPA staff and volunteers from liability in case of accident during activities or transportation to/from activities as long as normal safety procedures have been taken. I agree to hold UPA Staff and Volunteers harmless of any liability that may result in loss or damage from my child's participation in any activity.

Please select one:

- Yes, I authorize permission
- No, I do NOT authorize permission

\_\_\_\_\_  
**Parent** (Print Name)

\_\_\_\_\_  
**Parent** (Signature)

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

\_\_\_\_\_  
**Parent** (Print Name)

\_\_\_\_\_  
**Parent** (Signature)

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