



REGENERATION180, Inc.
PHOTO/VIDEOTAPE RELEASE FORM

StudentName: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

I, _____, **DO** hereby give and grant unto the ReGeneration180 permission to use my child's full name, photograph, and/or videotaped image in publications, video productions, and/or the ReGeneration180 website. I do further certify that I am the legal parent/guardian who can make decisions and give authorization.

Please Check this box if you **DO NOT** give Permission

Signature: _____ Date: _____