

**Youth Performing Arts School**

Young Actors Institute  
1517 South Second Street  
Louisville, Kentucky 40208  
(502) 313 - 4960  
Fax: (502) 313 - 3960



**VIDEO AND PHOTOGRAPHY RELEASE**

Dear Parent,

Please do not let the legal wording scare you. This completed form is needed for student participation in our school newscast, recognition photographs, videos, etc. Please call if you have any question. Thanks!

  
Principal

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I, parent of legal guardian of \_\_\_\_\_ do hereby give and grant permission to Youth Performing Arts School and the Jefferson County Board of Education to use my child's photograph, likeness, and/or voice in any way that would reasonable and properly portray the programs at Youth Performing Arts School and/or the education of the children. And I further release Youth Performing Arts School and the Jefferson County Board of Education from any damages in using my child's likeness, photographs and/or voice. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date