PHOTO & MEDIA RELEASE FORM

I, _____ ("Parent/Guardian"), hereby grant permission to Magic Jellyfish Aquatics LLC, its owners, employees, representatives, and authorized agents to photograph, video record, and/or capture images of myself and/or my child(ren).

Child(ren) Name(s):

_____
_____

These photographs, videos, and recordings may be used for social media, websites, marketing materials, brochures, advertisements, educational content, and other business-related publications.

No names, personal identifying information, medical information, or diagnoses will be disclosed without additional written consent.

■ YES, I grant permission for promotional and marketing use.
■ NO, I do not grant permission for promotional and marketing use.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Phone: _____

Email: _____

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Every Swimmer. Every Ability. Every Victory.