



Summer Program Consent and Release Form

I, _____, (parent or guardian of student) hereby authorize Action Potentials to record all Zoom meeting sessions and release them to students absent from any session. These Zoom meeting sessions may include the student's videos, photos, and audios. The undersigned hereby release all members of Action Potentials, from any claims, demands, accounting, and causes regarding the aforesaid Zoom meeting recordings. (This form will not grant Action Potentials to publicly share these recordings on any website). It is also my understanding that if I receive any of these recordings, I will not share it with anyone else, due to the privacy concerns of other students.

May Action Potentials share a photo of your child on our website as alumni of our program? If the answer is yes, all members of Action Potentials will be released from any from any claims, demands, accounting, and causes for these images.

Yes _____

No _____

Printed Name: _____ Date: _____

Signature: _____

Name of person(s) in photo: _____

Signature of person(s) in photo: _____

(please use commas to differentiate signatures of each person)