



Media and Image Release Form

ACAL STEAM LABS

I, the undersigned parent or legal guardian, understand and acknowledge the terms below regarding the use of my child's image and likeness for ACAL STEAM LABS activities and promotional materials.

1. Child Information

Child Full Name(Print)	
Date of Birth	
Program / Activity name	

2. Parent/Guardian Information

Parent/Guardian Full Name (Print)	
Email Address	
Phone Number	

3. Image and Media Release Permission

Please check ONE option below:

- ☐ **I GRANT PERMISSION**, I hereby grant permission to ACAL STEAM LABS and its representatives to photograph, videotape, or otherwise record my child and to use my child's name, likeness, image, voice, and performance in promotional, educational, and informational materials (including, but not limited to, websites, social media, brochures, newsletters, and advertisements) without further compensation. I release ACAL STEAM LABS from any claims arising from such use.
- ☐ **I DO NOT GRANT PERMISSION**, I hereby decline to grant permission and request that ACAL STEAM LABS take all reasonable steps to ensure my child's image, likeness, voice, or name is not used or published in any promotional or public materials.

4. Acknowledgment and Signature

By signing below, I confirm that I am the parent or legal guardian of the child named above and have read, understood, and agree to the terms of this Media and Image Release Form.

Parent/Guardian Signature: _____

Date: _____