



PHOTO RELEASE

Full Name of Student: (please print clearly)

(if under 18 yrs of age, a parent or guardian must sign this form on behalf of the Participant)

I, the above named student, hereby voluntarily and knowingly acknowledge and authorize Hilltop Diving to photograph and or videotape me and use the photographic images or videos on their website, or other social media platforms (such as Facebook, Twitter, Google, YouTube, etc.) for the purposes including but not limited to the education of the public about it's diving programs and promoting public interest in SCUBA Diving. Photographic images of myself can also be included in brochures, flyers, newsletters and other print media which may be produced and disturbed to advertise it's classes and events.

Student's Signature:

_____ Date: _____

I, as the parent or guardian for the above named student hereby voluntarily and knowingly acknowledge and authorize the use of any photographic image and video recordings of my child/charge as set forth in the above paragraph.

Parent/Guardian Name & Signature:

_____ Relationship: _____
Print Name

Signature: _____ Date: _____