

Photo Release Form for Minors (if under 18)

The Final Option Self Defense Studio has my permission to use my or my child's photograph publicly to promote the Final Option Self Defense Studio. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____

Parent/Guardian's Name: _____

Child's Name: _____

Date: _____ Phone Number: _____

Photo Release Form for Adults

The Final Option Self Defense Studio has my permission to use my photograph publicly to promote the Final Option Self Defense Studio. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature: _____

Name: _____

Date: _____ Phone Number: _____