



ISR Digital Release Form For Minor Children

I, being the Parent/Legal Guardian of \_\_\_\_\_, hereby consent to the use of images, depictions, and recordings notated below of the above named minor by Infant Swimming Resource, LLC their assigns or successors at it's sole discretion. I, with my signature below, acknowledge that such photographs, films, recordings, and videos shall be the property of Infant Swimming Resource, LLC and that they shall have the right to sell, duplicate, reproduce, and make other uses of such media as notated below as they may desire free and clear of any claim whatsoever.

- photographs
- videotape
- digital images

of my child for use in promotional or educational materials as follows:

- printed publications or materials
- electronic publications or presentations
- Website ([www.infantswim.com](http://www.infantswim.com))
- Facebook pages

I agree that my child's name and identity:

- may be revealed ONLY by first name, last initial and age as follows:  
\_\_\_\_\_, \_\_\_\_\_. \_\_\_\_\_ months / years
- may **not be** revealed in descriptive text or commentary in connection with the image (s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Infant Swimming Resource, LLC.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Signature of Witness Infant Swimming Resource Instructor)

Address of Parent or Legal Guardian:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number:  
(     ) \_\_\_\_\_ - \_\_\_\_\_