

DSTUDIOS MANAGEMENT

RELEASE FORM

I hereby grant permission to *DSTUDIOS MANAGEMENT* to use photographs and/or videos of my child taken on _____, at _____ in publications, news releases, online, and in any other communications related to the mission of *DSTUDIOS*.

(Signature of Adult, or Guardian of Children under age 18)

Name _____

Address _____

Phone (day) _____ (evening) _____

Email Address (optional) _____

Thank you!