

*The Martin Luther School Mid-Winter Basketball Program*  
*Photo & Video Consent*

I certify that I am the parent or legal guardian of

Child name \_\_\_\_\_, whose date \_\_\_\_\_ of birth is  
\_\_\_\_\_

I give permission for my child to be photographed or otherwise recorded during the Eagle Summer Basketball and Mentoring Program activities, and for any and all such photographs to be displayed by Eagle Academy and approved Eagle Academy partners in any medium, whether now or hereafter known or developed.

Parent/ Guardian Name(s)

Please Print \_\_\_\_\_ Date \_\_\_\_\_