

Photo/ Video Release Form

I hereby consent and grant permission to **MathAndCoding** and all entities associated with **MathAndCoding** to record photographs, and/or audio or video footage of my child for the purposes of education, promotional materials/publications, marketing and fund-raising or other reasonable purposes as determined by **MathAndCoding**. I waive any rights of compensation or ownership to the recordings.

Name of the Participant (volunteer teacher or student attending the workshop)

Parent/Guardian Signature _____ Date _____