PERMISSION TO PHOTOGRAPH

Occasionally, Bit By Bit's program activities may be photographed, or videotaped for educational, publicity

	Please indicate if you give permission to appear in videos, photos or audio pensation (e.g., as part of brochures, slide shows or program websites).
Yes, I give my perm	ission.
No, I do not want to	appear in a photograph or videotape.
Date	Name (printed) Zac
	Signature
	Printed name of Parent/Guardian if signing for a minor under 18 years of age
Effective immediately, I res	scind my authorization to be photographed, or videotaped
Date	Name (printed)
	Signature

Printed name of Parent/Guardian if signing for a minor under 18 years of age

Text