



POC LEARNING ACADEMY
BUILDING A FIRM FOUNDATION FOR FUTURE SUCCESS

Photo Release Form

Name of Organization: POC LEARNING ACADEMY

Address: 3229 15TH PL SE, WASHINGTON DC 20020

Phone Number: (202) 851-4988

Email Address: info@poclearningacademy.com

I, _____, hereby grant permission to POC Learning Academy (hereafter referred to as "the Organization") to use photographs and/or videos of myself and/or my child(ren) as described below:

1. Purpose of Use:

The images and/or videos may be used for educational, promotional, or advertising purposes, including but not limited to:

- Print materials (brochures, flyers, posters)
- Social media posts
- Website content
- Marketing campaigns
- Internal use (e.g., training materials)

2. Type of Media:

- Photos
- Videos

3. Duration of Use:

This release is granted indefinitely unless a written request for revocation is provided by me.

4. Confidentiality:

No personal identifying information (e.g., full name, address) will be shared publicly unless explicitly agreed upon.

5. Revocation Clause:

I understand I may revoke this release at any time by providing written notice to the Organization. Revocation will not affect media already published.

6. Compensation:

I understand that no monetary compensation will be provided for the use of the images/videos.

7. Acknowledgment:

I understand and agree that these images/videos will become the property of the Organization and will not be returned.

By signing below, I confirm that I have read, understand, and agree to the terms outlined in this Photo Release Form.

Name of Parent/Guardian/Individual (Printed): _____

Name of Child(ren): _____

Signature: _____

Date: _____

Contact Information:

Phone: _____

Email: _____