

4607 Cleveland Ave NW Canton, OH 44709 330-455-8111

Photo Release

I, ______, as guardian, parent or independent individual, give my permission to Beyond our Boundaries (B.O.B.) for photos be to taken while participating in Beyond Our Boundaries activities. I understand that any photos taken may be used for educational purposes, for provider fairs, and for use in newspapers, websites, and on social media sites for marketing or publicity. I also understand that, within their control, Beyond Our Boundaries staff will take great care to ensure that participants are shown in a positive light. I release Beyond Our Boundaries from all liability regarding the publication of photos.

I hereby give permission for photos taken to be used for the following purposes (check all that apply):

- □ I give permission for use in trip photo books (one sent to everyone on the trips, not publicized online or in the public).
- I give permission for the above, as well as use online on B.O.B.'s website, Facebook page, social media and digital sources for marketing, publicity, and educational use by Beyond Our Boundaries and Beyond Our Boundaries Virtual Tours in print, online, and social media.

□ I hereby DO NOT give permission for any photos to be taken or used for any purposes.

Participant Name	
Parent/Guardian Name(please print):	
Signature	
Date	