KAHA MARTIAL ARTS

PHOTO RELEASE FORM

Organization Name: _____

Address: _____

Phone: _____ Email: _____

CONSENT & RELEASE

I, the undersigned, hereby grant Kaha Martial Arts, its representatives, employees, and authorized agents the right to take, use, publish, and distribute photographs and/or video recordings of me (or my child, if applicable) for any lawful purpose, including but not limited to:

- Marketing materials
- Websites & social media
- Advertising & promotional content
- Educational or informational purposes

I waive any right to inspect or approve the finished product(s), including written or electronic copies, wherein my likeness appears.

I understand that no compensation will be provided for the use of my image, unless otherwise agreed in writing.

LIABILITY RELEASE

I release and discharge Kaha Martial Arts from any and all claims and demands arising out of or in connection with the use of these photographs, including but not limited to any claims for invasion of privacy, defamation, or misrepresentation.

SIGNATURES

Printed Name: _____

Signature: _____

Date: _____

(If under 18, parent/guardian must sign)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____