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AND EMERGENCY CONTACT INFORMATION

I, _____ authorize and release written statements and testimonials, in part or in whole, photographs or electronic images of myself and/or my personal belongings to be used by AJ's Magic Academy for the purposes of marketing, illustration, advertising, publication and promotion of the Company's products and/or services anywhere within the United States. I also give consent to the use of my name in any newsletter, newspaper, television or radio medium, etc. as described above.

I understand that by granting the authorization(s) above, I waive all rights of ownership and compensation for the use of such images and/or statements. I understand such images and/or statements may be published via print and/or electronic media for the purposes of marketing, advertising or promoting products and/or services.

Student Name _____

Emergency Contact Name _____

Phone _____ Email Address _____

Special Needs _____

Parent/ Guardian Signature _____ Date _____