AB Voice Studio Photograph Release Form

I, hereby grant permission to _Allison Boyle and the AB VOICE STU	JDIOto feature
any portion of the photo images/videos that have been taken of me and/or my child for the purpose of AB VOICE STUDIO PROMOTION/ADVERTISING publications which can include but is not limited to, AB Voice Studio Youtube Channel, www.allisonboyle.com, social media promotion, and concert invitations without any more compensation or recognition given to me. Furthermore, I grant creative permission to alter the photograph(s). I do not grant permission to resale or use the photographs in a manner that would exploit or cause malicious representation toward me or my child.	
Any infringements of this policy may violate federal law.	
Business Information:	
Name:AB Voice Studio Address: 1231 Woodside Rd.	Conshohocken, PA 19428
Signed (user/business owner): Date Sig	gned: _08/22/2022
Printed (user/business owner):Allison Boyle	
Signed (Student/Parent): Dat	e Signed:
Printed (Student/Parent):	