



# PHOTO RELEASE FORM

I, \_\_\_\_\_, the primary parent of the below child/children noted, student(s) of Creator's Way Pre-K (hereinafter known as the "school"), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the school or school sponsored events/activities during normal school hours, including field trips, celebrations, or any other school sponsored activities. I understand that these photographs may be used in promoting the educational services of Creator's Way Pre-K, either in print or electronically via the Internet.

The child(ren) are known as:

Child Name 1: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name 2: \_\_\_\_\_ Age: \_\_\_\_\_

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the services of the school. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I further understand that there will be no compensation for me or my child's participation in this release.

**Parent/Guardian Signature** \_\_\_\_\_

Relationship To Child \_\_\_\_\_ Date \_\_\_\_\_