



## Photo Release Form

I, \_\_\_\_\_, the parent/guardian of the following student(s):

\_\_\_\_\_ (student name)

\_\_\_\_\_ (student name)

\_\_\_\_\_ (student name)

- AGREE to grant permission for:
- DO NOT agree to grant permission for:

my child(ren) to be photographed for print or electronic use at Shepherd of the Valley Preschool. By granting permission, I understand that these photographs may be used in marketing materials to promote the preschool, either in print or on the internet. I understand photos may be taken during normal school hours, field trips, or other preschool related activities. 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(ren)'s enrollment at Shepherd of the Valley Preschool. I understand that there will be no payment or compensation otherwise for me or my child(ren)'s participation in this release.

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Parent/Guardian Signature

Date

\*No pictures will be used without this form on file granting parent/guardian permission.