

Photography, Audiography, Videography Release Form

Please complete \underline{ONE} of the three choices:

I,	(Parent N	Jame), hereby grant permission to Little Footpr	rints
Preschool Corp.	representatives, to take	and use: photographs and/or digital image and	d/or video
footage of my ch	nild	(Child Name) for educational and promot	ional
purposes. These	including but not limite	ed to printed publications, posters, brochures, t	hank you
cards to person(s	s) and/organizations wh	no support(s) their learning, electronic publication	ion and/or
websites. I furth	er agree that my child's	name and identity may be revealed in descript	tive text or
commentary. I a	uthorize the use of these	e images without compensation to me and my	immediate
family members	and all images are prop	perties of Little Footprints Preschool Corp. I ag	greed to
waive, release an	nd discharge Little Foot	tprints Preschool from any claims or liability fr	om the use
of my child's im	ages for the above purp	poses.	
I,	(Parent N	lame), grant permission to Little Footprints Pre	eschool
		photographs and/or digital image and/or video	
		d Name) within Little Footprints Preschool (
ONLY. This inc	ludes, but not limited to	o monthly photos sharing, bulletin board/curric	culum
updates, school	website, or school event	t slideshows.	
T	(Dament N	I DO NOT	
		Jame), DO NOT grant permission to Little Foo	_
footage of my cl	nild	and use: photographs and/or digital image and (Child Name) for any purpose.	
		ll not take photo/video of your and therefore,	you will
NOT be	e receiving any photo/vi	ideo updates.	
-	ent or legal guardian	of the child and I have the full legal rights	to execute
this release.			
Parents/Guardi	an Name (please prin	nt):	
Parents/Guardi	an Signature:	Date:	
Parents/Guardi	an Name (please prin	nt):	
Parents/Guardi	an Signature:	Date:	