

LAS OLAS SCHOOL PHOTO RELEASE

I, _____, the parent of _____ at Las Olas School, agree to the following:

I understand that my child(ren) whose name(s) are listed may be photographed or recorded at Las Olas during normal daycare hours, special events, or school activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

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 Las Olas' services. I understand that it is my responsibility to update this form in the event that 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 understand that there will be no payment for me or my child's participation in this release. No names or ages will ever be published with photos or videos without the expressed permission from parents.

- I consent to the use of my child's image or recording
- I do not consent to the use of my child's image or recording

Parent/Guardian Signature _____ Date _____.

Relationship To Child _____.