

Student Photo Release Form

I, _____ (parent/guardian) give Ability Tree Learning Center permission to use my child's photograph or photographic image in official Ability Tree Learning Center business, including: school web site, Facebook, newsletters, slideshows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

Please note that at no time will your child's personal identifying information alongside their picture.

No, I do not agree with the release form.

Yes, I agree with the release form.

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 Ability Tree Learning Center 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.

Date: _____

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____