Photo and Video Release Form

Child’s Name Click here to enter text.

*I hereby grant permission for video recordings and digital photographs to be taken of my child or my child’s work as part of her/his attendance at Westbrook Park Place Preschool and Childcare. I understand that the recordings and images collected will be used for non-profit educational purposes.*

*I authorize Westbrook Park Place Preschool and Childcare to use my child’s image on its websites and social channels and/or in printed promotion materials without further consideration and I acknowledge Westbrook Park Place Preschool and Childcare to treat the media (such as cropping) at its discretion.*

*I also acknowledge that Westbrook Park Place Preschool and Childcare may choose not to use my child’s image at this time, but do so at its own discretion at a later date.*

*Parent/Guardian Name:* Click here to enter text.

*Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date:* Click here to enter a date.