



## Image Release Permission

As parent or guardian of this student, I hereby consent to the use of photographs/ videos taken during the course of the school year for publicity, promotional purposes or educational purposes (including publications, presentations, internet, or other media source.) I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_\_ Yes, I give consent for CCPC Weekday Nursery School to use my child's image for school purposes and/or at school events.

\_\_\_\_\_ No, I do not authorize CCPC Weekday Nursery School to use my child's image for school purposes and/or at school events.

Student's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_