

PHOTO/VIDEO RELEASE FORM

Child's Name _____

Please check Yes or No for all items below.

PHOTOS

Yes No I give permission for my child to be **photographed** for school and/or church **project use**, such as bulletin board and art projects, PowerPoint presentations, etc.

Yes No I give permission for my child to be **photographed** for school and/or church **advertising purposes**, such as brochures, the website, etc.

VIDEO

Yes No I give permission for my child to be **videotaped** for school and/or church **project use** or in house presentations for such purposes as graduation, etc.

Yes No I give permission for my child to be **videotaped** for school and/or church **advertising purposes**, such as the website, etc.

Parent/Guardian Signature _____

Date _____ / _____ / _____

Changes or updates

List changes _____

Parent/Guardian Signature _____

Date _____ / _____ / _____



Riverview Christian Early Learning Center