

Photo Release Form

I hereby authorize Castle Bridge Preschool to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Castle Bridge Preschool print and online materials.

I hereby release and hold harmless Castle Bridge Preschool from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Furthermore, I attest that I am the parent or legal guardian or the child or children listed below and that I have full authority to consent and authorize Castle Bridge Preschool to use their likeness and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in Preschool marketing materials or other Preschool publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Child(ren): _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

I opt out of my child/children having their photos taken and used according to the Photo Release policy set forth by Castle Bridge Preschool.

Printed Name: _____

Signature: _____ Date: _____