Photo Release Form

Please be advised that your child may be photographed or videotaped at various school and classroom events. Please give your permission below for whether or not you are ok with their pictures being used on school's Website/Social Media/Yearbook by signing and returning this form.

Yes, I give permission for my child to be fi	ilmed, videotaped,
recorded and/or photographed for use by my school, CC	S/its partners and
the media (this will include the school yearbook).	
No, I do not give my permission for my ch videotaped, recorded and/or photographed for use by m	,
partners and the media.	y sonoon, o conta
I only give permission for my child to be p	hotographed in the
yearbook.	
Student's First and Last Name	
Signature of Parent/Guardian	Date