



Photography/Video Taping Permission Waiver Form

Name of Child Participant _____

Parent(s) and/or legal guardian of child participant _____

Address _____

Home Phone _____

Age of Child _____ Birthdate _____

On occasion, Three Springs Preschool takes photographs or makes an audio or videotape recording of children and/or adults involved in preschool activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/video recordings may be used in Three Springs Preschool publications or advertising materials to let others know about our ministry. Furthermore, local news organizations may be invited or allowed, upon request, to photograph or record our events.

I consent to the use of any such audio or visual record of my child to be used, distributed, or displayed as agents of Three Springs Preschool see fit.

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Date _____