



### **VIDEO/PHOTOGRAPHY RELEASE FORM**

I give permission for my son/daughter \_\_\_\_\_ to be photographed or videotaped by the staff of Faith Lutheran Preschool. I understand these photos may be viewed by the children, parents, and staff of the school. This may include photographs on the bulletin board at school, in the church newsletter, year-end slide show and on our website. No names will be put on the website.  
The school year of Sept. 2017 – June 2018.

\_\_\_\_\_ YES, I GIVE MY PERMISSION

\_\_\_\_\_ NO, DO NOT PHOTOGRAPH OR VIDEOTAPE MY CHILD

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Parent Signature

Date