

Olive Grove Academy

Photo Release Form

I, _____, the legal guardian of a child/children at Olive Grove Academy, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at Olive Grove Academy during normal school hours, field trips, or activities. I understand that these photographs or videos may be used in promoting school services, either in print or on the internet.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for the following uses (check all that apply)

- In a way that does NOT clearly identify the child (e.g. back of head, hands) for print or electronic use circulated **within the school community** (e.g. password protected web pages, newsletters, unlisted YouTube videos)
- In a way that does NOT clearly identify the child (e.g. back of head, hands), to be use for print or electronic use in promoting the school services widely in print or electronically (e.g. brochures, web pages, YouTube videos, social media pages)
- In a way that clearly identifies the child (e.g. name, face) to be used for print or electronic use circulated **within the school community** (e.g. password protected web pages, newsletters, unlisted YouTube videos)
- In a way that clearly identifies the child (e.g. name, face) to be use for print or electronic use in promoting the school services widely in print or electronically (e.g. brochures, web pages, YouTube videos, social media pages)

The child(ren) is/are known as: _____.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrolment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature _____ **Date** _____

Relationship To Child(ren) _____