



# THE STUDY

*Speaking words of life over your child!*

## Photo Release Form

Throughout the year teachers take photos of students and post them on the Study's facebook page. We respect the privacy of your child/children and therefore ask you to please fill out this form and give it to the front desk.

I \_\_\_\_\_ the parent of \_\_\_\_\_ grant The Study and its staff the right to take photographs of my child in connection with the above identified subject.

I agree that The Study may use such photographs of my child with or without their name, including for example such purposes as illustration, advertising, and Web content

I \_\_\_\_\_ the parent of \_\_\_\_\_ do NOT give The Study and its staff the right to take photographs of my child.

I have read and understand the above:

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_