



PHOTO RELEASE FORM

Please check the following that apply:

_____ I grant permission for my child's picture to be included in a classroom picture that may be shared in an email or text with other parents in the classroom

_____ I grant permission for my child's picture to appear among other "Growing Place" photos which may occur at Special Events such as but not limited to Fall Festival, End of the Year Program slide show, Graduation slide show, etc as long as there is no identifying information about the child shown.

The Growing Place staff will not post any pictures of students on any social media websites such as Facebook, Instagram, etc. The Growing Place will not be held responsible or liable for the posting of any children's pictures on social media websites by parents.

I have read and agree to the Terms and conditions stated above.

Child's Name

Teacher

Parent/Guardian Signature

Date