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## Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Red Door ELC to photograph my child for school purposes and/or at school events.

No, I do not authorize Red Door ELC to photograph my child for any event.

Parent Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_

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

Please return this form to your child's teacher for our records, thank you!

Sara Kimble  
Executive Director