



MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

We would appreciate it if parents completed this consent form in order to allow their children to be photographed during special events such as field trips, holidays, programs or normal day to day activities organized at American Montessori. In order for a child to have their photograph taken, they must have a consent form on file at American Montessori.

If you do not want to have your child photographed, please do not hesitate to indicate this in the section below. As well, if you do object, please ensure that your child is aware of this.

As the parent of the named child/children at American Montessori, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at American Montessori during normal hours, field trips, or activities.
- I understand that these photographs/video clips may be used in school newsletters, displayed in classrooms, displayed on the American Montessori website or other promotional materials.
- I understand that I have the right to request, in writing, removal of the photo or video from the website or other material within 15 days of publication.
- I understand that American Montessori will notify me if they intend on using a photo or video for marketing purposes, so I may have the right to refuse.
- I understand that I waive any rights of compensation or ownership of the photos and that American Montessori will never use the child's name when using these photos or taking video clips.
- I give permission for my child(ren) to be photographed and/or their images recorded to be displayed as stated above in classrooms, on American Montessori's website, promotional materials or newsletters designed to promote American Montessori.

The following are the names of my child/children attending American Montessori:
(Please print your child's full name):

Yes, I confirm that I have read and understand the above, and agree to all the statements listed above.

No, I do not wish to have my child (ren) photographed.

Name (please print) _____

Signature: _____

Date: _____