

Photo and Video Release Form
Temple Shalom Preschool and Religious School
2018-2019

Child/Student 1 Name: _____

Child/Student 2 Name: _____

Child/Student 3 Name: _____

My child attends Temple Shalom Preschool or Religious School and I agree to allow photos and videos taken in the classroom, at recess and during programs to be placed on the Temple Shalom website, in the Temple Shalom Bulletin and on the Temple Shalom Facebook page without any personally identifiable information (such as last name and address).

_____ I give permission for my child to participate in photo and video opportunities as described above.
Parent initial

_____ I **DO NOT** grant permission for my child to participate in photo and video opportunities as described Parent
initial described above.

I understand that there are times when photography or video of Temple Shalom programming may be captured by outside print and news media organizations and circulated through newspapers, television and social media sites associated with these outside sources. I agree to allow these images and their likeness to be used without any personally identifiable information (such as name and address).

_____ I give permission for my child to participate in photo and video opportunities as described above.
Parent initial

_____ I **DO NOT** grant permission for my child to participate in photo and video opportunities as described.
Parent initial

Parent/Guardian Name _____ (printed)

Parent/Guardian Signature _____

Date _____

Please sign and return this form to Temple Shalom no later than August 26, 2018.

This form is required on an annual basis.

Received by: _____ Date: _____