



Photograph & Video Release Form

I, the undersigned as parent/guardian, give Darcy Read Memorial Cooperative Preschool permission to photograph and/or video record my child(ren) at scheduled preschool activities/programs. I further give Darcy Read Memorial Cooperative Preschool permission to use photograph(s) or video(s) of my child(ren) for publicity or other purposes including, but not limited to, newsletters, school publications, media publications, and/or on the internet-website. I also release from any liability Darcy Read Memorial Cooperative Preschool, its employees and/or volunteers in relation to taking and/or displaying any photographs/videos. I understand that I will be given no compensation for the use of any photographs/videos. I understand that this permission is valid while my child(ren) are enrolled in school and that I can modify my permission at any time.

Name(s) of Child(ren):

_____	_____
_____	_____
_____	_____

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

Parent(s)/Guardian(s):

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date