



### MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

I, \_\_\_\_\_ (parent's or guardian's name) authorize Samaritan Early Learning Center or any third party contracted by SELC to photograph or video tape me or my child \_\_\_\_\_ for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still photographs at SELC :</b>		
Class pictures, cubbies		
Classroom projects, craft projects		
Classroom or SELC bulletin boards		
SELC Newsletters		
SELC scrapbook		
<b>Still photographs outside of SELC:</b>		
Newspaper		
SELC/Hospital website		
Hospital newsletters		
SELC Brochure		
Hospital bulletin board		
Community flyers or bulletin boards		
Parent Handbook		
College projects- staff or outside students		
Training materials		
<b>Videos:</b>		
Give video to parent/guardian		
Display video on SELC website		
Use video in promotional materials		

I understand that it is my responsibility to update this form in the event I no longer wish to authorize one or more of the selected uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_