

Parent Release for Media Recording Form

I, the undersigned, do hereby grant or deny permission to CrossRoads Child Development center to use the image of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as marked by my selection(s) below.

Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but not limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Davidsonville United Methodist Church/ CrossRoads Child Development Center website.

\_\_\_\_\_\_ Grant permission to use my child’s image in any of the ways listed and /or to promote the Center.

\_\_\_\_\_\_ Deny permission to use my child’s image at all.

Parent/Guardian Name (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_