

Photo Release Form

Please sign and return this form.

Please be advised that your child may be photographed or included in a video recording during various school activities.

_____ **Yes,** I give permission for my child's photograph and or video to be posted on Chapel of the Cross Lutheran Preschool social media pages or used for marketing purposes of Chapel of the Cross Lutheran Preschool only.

_____ **No,** my child's photograph and/or video may not be posted or used for marketing purposes for Chapel of the Cross Lutheran Preschool.

(signature)

(date)

(student's first and last name)