



Bumblebee Academy

Photo Release Form

I hereby give permission for Bumblebee Academy to use photographs or videos of my child for the purposes I have marked as "accepted" below.

I understand that my child's name will not be used in conjunction with any such images or videos without my written consent.

I acknowledge that it is my duty to keep this form up to date if I withdraw my authorization for any of the mentioned uses.

I acknowledge that I have read and understand the photo release statement provided by Bumblebee Academy.

I consent to the use of photographs or videos of my child as described in the statement. I understand that I have the right to revoke this consent at any time by notifying Bumblebee Academy in writing.

I AGREE TO ALLOW MY CHILD'S PHOTOS BE USED FOR THE FOLLOWING PURPOSES		
	Accept	Decline
STILL PHOTOGRAPH		
Display in personal scrapbooks	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Promotional print materials	<input type="checkbox"/>	<input type="checkbox"/>
Social media posts	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Video		
Share with current parents	<input type="checkbox"/>	<input type="checkbox"/>
Promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Social media	<input type="checkbox"/>	<input type="checkbox"/>

Child's Name

Date of Birth

Parent's Signature

Date