

# FOIP Consent

## Consent to post student information

Name of class/camp: \_\_\_\_\_

Date(s) of class/camp: \_\_\_\_\_

*The Snowflake Studio of the Arts* is requesting your permission to use your child's personal information (i.e. name, image by photographs or video clips, photos of their art work, etc.) in public venues or on the Internet where the general public may have access to the information in order to communicate with parents, the community and the general public.

By signing this form, you are agreeing that your child's personal information may be used in the following ways by *the Snowflake Studio of the Arts*. Examples include but are not limited to:

- ◆ Video recordings;
- ◆ Displays;
- ◆ Posting pictures, videos, podcasts or presentations
- ◆ Brochures, program booklets, newsletters or publications
- ◆ Accessing and posting information to public websites or social media applications

Classroom lessons may also be digitally recorded for educational and archival purposes.

By signing this form and returning it to *the Snowflake Studio of the Arts*, you are consenting to your child's information being used for these purposes.

Yes I consent to my child's information being used for the above stated purposes. Also understand that instructor(s) or administration of the Snowflake Studio of the Arts will not post names with photographs or videos of your child. You have the right to let us know to take down any posting of your child and the Snowflake Studio will do so immediately.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent/Guardian(s) Signature(s)

\_\_\_\_\_  
Date