**AMA**

MEDIA/PHOTOGRAPHY CONSENT AND RELEASE FORM

As the parent/guardian of , I agree to the following:

 \* I understand that my child may be videoed/photographed at ALLEN MONTESSORI ACADEMY during normal preschool hours, activities, or events.

 \* I understand that these photographs may be used throughout the school, on ALLEN MONTESSORI ACADEMY’S Facebook page, in local newspapers, and/or the preschool’s website.

 \* I understand ALLEN MONTESSORI ACADEMY will protect my child’s identify and will not publish my child’s name if a video/photograph of my child’s is used as described above.

 \* I understand that such photographs shall become the property of ALLEN MONTESSORI ACADEMY which has the right to duplicate, reproduce, and/or make other uses as it deems necessary.

Please circle only one of the appropriate statement below:

1. Yes, I confirm that I have read and understood the above and thereby give consent for use of my child’s photographs/videos as described above.

1. No, I do not wish to have my child photographed/video published.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_