

## **Photo Form**

Dear Parent /Guardian

Photos and videotape footage of Jack and Jill's students involved in various school-related activities are often used to inform the Lebanon Community about our exciting and unique programs.

**Photographs/videotape may be used in, and not limited to, local newspapers, brochures, flyers, our website, social media pages, and possibly television.** Please complete the form below and return it to the school office. Under no circumstances will Jack & Jill publish the child's name with any picture.

If you have any questions, please contact the school at 717-272-3588.

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## **PHOTO FORM**

Child's Name \_\_\_\_\_

Class \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ **No, I do not want photographs or videotape of my child used in any marketing.**

\_\_\_\_\_ **Yes, you have my permission to use photographs or videotape of my child in marketing.**

## **Student Waiver:**

I understand all reasonable safety precautions will be taken by Jack and Jill Preschool and its agents during all activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Jack and Jill Preschool, its leaders, employees and volunteer staff liable for damages, losses, or injuries incurred by my child.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

I understand, in the event of an emergency and medical treatment is needed, every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to secure medical treatment for my child as needed. I understand my insurance will be used as primary coverage in the event medical treatment is needed.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_