



Image Release Permission Form

I grant permission for my child(ren) to be photographed and/or recorded during Burge Terrace Home Educators (BTHE) activities, including class days, sporting events, Field Day, concerts, and other special events.

I acknowledge that my child(ren)'s image(s) may be used in print or online (Website, Facebook Group) to promote BTHE activities. However, I understand that my child(ren)'s first and last name will not be used for identification online.

This Photography Release permission form will be kept on file in the BTHE office, and I understand that I may revoke my consent at any time by contacting the BTHE office at btheoffice@burgeterrace.org.

Parent Signature _____ Date _____

Name(s) of Child(ren)

**I DO NOT give permission
for my child(ren) to be photographed/video-graphed at any time.**

Parent Signature _____ Date _____

Name(s) of Child(ren)

*** This form must be signed and returned to the BTHE office by Wednesday,
September 3, 2025.**