

WESTMINSTER NURSERY SCHOOL

PHOTO RELEASE FORM

Permission to use photographs

Child's Name: _____ Class: _____

I grant Westminster Nursery School, its parents, and its teachers the right to take photographs of me and my child at school and on field trips.

_____ I permit photos of me and my child to be posted in the classroom. First name
(initial) of child may be listed on the photo.

_____ I permit photos of me and my child to be used for any lawful purpose
(initial) including but not limited to publicity, illustration, advertising, and Web content.
Such use will not contain names of me or my child.

I have read and understand the above:

Signature: _____

Date: _____

Printed Name: _____

Signature: _____

Date: _____

Printed Name: _____