

AUTHORIZATION FOR PHOTO RELEASE

Name: (print name of parent)

Address:

Street:

City:

State: Zip:

- 1) I hereby authorize Sunnyvale Montessori House of Children to photograph and use the photographic or video image of my minor child(ren)_____ (Name of Child or Children).
- 2) I understand that the images may appear separately or with my name or name(s) of my minor child(ren) included in the release.
- 3) I understand that the purpose of the use or release of the photographic or video images will be solely for identification purposes only.
- 4) The use or release of the images will NOT be made either to the public through marketing/public relations efforts for commercial or noncommercial publications, exhibits, intranet and internet.
- 5) I understand that this Authorization for Release of information/images can be revoked by me at any time by submitting a written request to Sunnyvale Montessori House of Children.
- 6) I understand that Sunnyvale Montessori House of Children cannot require me to sign this Authorization as a condition of providing service to my minor children.
- 7) This Authorization will expire when child no longer attends Sunnyvale Montessori.

I have read and had the opportunity to have my questions answered and understand the above terms and conditions and hereby authorize Sunnyvale Montessori House of Children to photograph the image as described in this release.

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|---|---------------------|
| Signature/Authorized Representative: | Date Signed: |
| Relationship: | |