

Photography/Video Release

I, _____, give permission for Lisa the Great, also known as
(Parent/ Guardian's legal name)

Lisa Henderson, or Elizabeth Henderson, to photograph (or designate someone else to

photograph) my child/children, _____,
(Child/children's legal name/names)

for the following purposes:

GRANT PERMISSION FOR ALL USES (Skip checkboxes)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to families at this event	<input type="checkbox"/>	<input type="checkbox"/>
Display in promotional materials, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on professional website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on professional social media pages	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to families at this event	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Post video on professional social media pages	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

**Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed online.*

I understand that this form will remain in effect past the term of my child's enrollment. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses.

Signed:

(Parent/Guardian signature)

(Date)