

Name, Picture & Video Release Form

I hereby give permission for images of my child, captured during regular and special school activities through video, photo and digital camera, to be used for the purposes of Camellia School promotional material and publications, and waive any rights of compensation there to. Permission is also given for the release of the information listed below to other parents in the center for mailing purposes.

Child's Name _____

Address _____

Phone Number _____

Signature _____ **Date** _____

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