



Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes to include the uses of videotaping a child for documentation of behavior (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waiver all claims for compensation for use, or for damages.

- Yes, I give consent for The School of Hope to photograph my child for school purposes and/or at school events.
- No, I do not authorize The School of Hope of Hope to photograph my child for any event.

Parent Signature: _____ Date: _____

Student's Name: _____