Orion Montessori Parent Release Form for Photography/Video

I, the undersigned, do hereby grant or deny permission to Orion Montessori to use the image of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as marked by my selection below.

❑I deny permission to use my child’s image in any way (i.e., no photo or video images of my child shall be recorded by any Orion Montessori member nor shall any image of my child [other than those I may choose to provide] be posted on the premises at Orion Montessori used in any Orion Montessori website or be included in any other materials generated by, or featuring, Orion Montessori.

❑I grant permission to use my child’s image in the following way:

❑For Orion Montessori: My child’s image (still photo or video) may be displayed within the Orion Montessori building (this could include portfolio books, still photos, and/or video), but is not to be distributed electronically.

❑Orion Montessori Community: My child’s image (still photo or video) may be displayed within the Orion Montessori building, in the Orion Montessori Yearbook (which could include individual portraits, candid shots, class photos, and will be available for Orion Montessori families and staff to purchase and take home) and distributed electronically (via e-mail, CD rom, flash drives, or other forms of technology) to members of the Orion Montessori community [this could include all families within a child’s classroom and all members of the Orion Montessori e-mail list-serve]. An example of this usage could be a classroom curriculum posting, the Orion Montessori Kids monthly newsletter.

❑Full Permission: My child’s image (still photo or video) may be used for the above categories as well as being used for the Orion Montessori website and for other purposes such as training or parent education or marketing materials designed by Orion Montessori staff members or their representatives (this could include brochures and local media). These images could be used without further notifying me.

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have questions, please contact Shantha Pathak at (425) 499-33313.