



Photographic and Media Consent

Please indicate below where LeafSpring School has permission to use your child's photo and/or video:

YES NO **Individual and Group Photos:** For valuable consideration, I give LeafSpring School or its affiliates*, representations of my child (whether in print, video or audio) to be used in order to promote the LeafSpring School program.

Please also indicate where these photos may be used (if nothing is indicated, it will be assumed both are acceptable):

_____ On LeafSpring School's social media outlets (e.g. Facebook, Twitter, Website)

_____ In LeafSpring School's advertising (print, video and/or audio, etc.)

YES NO **Only Group Photos:** For valuable consideration, I give LeafSpring School or its affiliates*, representations of my child (whether in print, video or audio) to be used, but only in the context of a larger group, in order to promote the LeafSpring School program (print, video or audio).

Please also indicate where these photos may be used (if nothing is indicated, it will assumed both are acceptable):

_____ On LeafSpring School's social media outlets (e.g. Facebook, Twitter, Website)

_____ In LeafSpring School's advertising (print, video and/or audio, etc.)

By signing below, I am indicating that I understand and agree to my choices above. I understand that any limitations do not extend to the misuse of my child's likeness by a third party vendor or Media, so long as LeafSpring School reasonably discloses the limitation.

I am also indicating that I understand that my child's picture may still be taken while attending LeafSpring School, or while participating in LeafSpring School events. I understand that these photographs may be shared with me via electronic communication (e.g. email and text) and for classroom displays.

Please define any other photographic or media use exceptions _____

*This includes any directors, officers, agents and employees from all claims of every kind on account of such use of my child's likeness.

PLEASE PRINT

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Signature

Date