

Photo and Video Release Form

As the parent of a child(ren) at Montessori of Torrance, I agree to the following:

• I understand that my child(ren) whose name(s) are listed below may be photographed/recorded at Montessori of Torrance during normal child care hours, field trips, activities, preschool related events, and extra-curricular settings.

• I understand that these photographs/videos may be used in school newsletters or mounted on the Montessori of Torrance's website, social media pages, or any other publication/advertisement.

• I give permission for my child(ren)'s photographs/videos to be mounted on Montessori of Torrance's website, social media pages, newsletters, or any other publication. (When names are added, only first names will be used, with the last name initial.)

The following are the names of my children attending Montessori of Torrance:

() Yes, I confirm that I have read and understood the above, and agree to have my child(ren)'s photos/videos released to Montessori of Torrance.

() No, I do not wish to have my child(ren)'s photographs/videos published.

Name (please print) _____

Signature: _____

Date: _____