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Staten Island, NY 10301
(718) 442-6112

PHOTOGRAPH, FILM, VIDEOTAPE RELEASE FORM
(For School Year 2018-2019)

I hereby grant permission to Children's Harbor Montessori School and its officers, trustees, employees, agents, students, representatives, successors, licensees and assigns to take my child's, as well as my own, picture whether in still pictures or slides, motion pictures, audio and video tape, with or without his/her/my name, for any Children's Harbor Montessori School use. These items may be used without limitation or reservation of any fee.

I hereby grant permission to Children's Harbor Montessori School to use pictures taken of me or my child for the purposes of public relations (including but not limited to, newspaper articles, Children's Harbor Montessori School's advertisements, films, and Children's Harbor Montessori School's web site and Facebook page). I understand that all necessary precautions will be made to preserve the privacy and protection of my child's identity when appropriate.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children.

Dated: _____

Child's Name (Please Print): _____

Parent/Guardian Signature: _____

Print Name: _____

Address: _____

Phone: _____

Exclusions: _____
(i.e. Yearbook only, not on website, etc...)