

PHOTO RELEASE FORM

| I | am the parent/guardian of | born |
|----|---------------------------|------|
| on | | |

Little Cubs Early Years Learning Centr and/or Ts'uu baa-asatx and its staff periodically take photos and video of the children throughout the year during various centre activities, field trips, and for arts and crafts for the family. Please complete the form below to grant or deny permission of your child's photo or video to be used.

Please initial next to your selection:

_____I grant permission for my child's photo and or video to be used for arts & crafts, newspaper articles, social media marketing, and on our company website.

_I grant permission for my child's photo to be used for arts & crafts **ONLY**.

_I **DO NOT** grant permission for my child's photo or video to be taken for any purpose.

Parent/Guardian Signature

Date