

# Rocklin Academy Preschool Photo Release



Participant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Photo Release Options:

I consent for my child to be photographed by Rocklin Academy or its agents. Any reproduction of the photo or video may be used for the purpose of education and/or promoting Rocklin Academy and its program.

I only give consent for my child's photo to be used within the preschool.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_