



## Photo Release Form

September \_\_\_\_\_  
YEAR

My Child's Name:

\_\_\_\_\_

First

Middle

Last

I give my consent for photographs of my child (named above) taken during classroom activities, in/out door play and school field trips to be used by Merricat's Castle School and the Association to Benefit Children (ABC) for promotion or other purposes related to ABC's programs.

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

\_\_\_\_\_  
Please Print Name of Parent/Guardian