



## Permission to Photograph

I, \_\_\_\_\_ give permission for The LEO Academy to

(parent/ guardian)

photograph my child \_\_\_\_\_, for the following purposes:

(child's name)

| Type of Use:                                     | Grant Permission | Decline Permission |
|--|------------------|--------------------|
| <b><u>Still Photographs:</u></b>                 |                  |                    |
| Display in facility's bulletin boards            |                  |                    |
| Display still photos on my Website               |                  |                    |
| Display still photos on our Social Media Page(s) |                  |                    |
| <b><u>Videos:</u></b>                            |                  |                    |
| Display videos on website                        |                  |                    |
| Display videos on our Facebook page              |                  |                    |

**No names will be used when posting pictures and/or videos.**

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: \_\_\_\_\_ / \_\_\_\_\_ 33

(parent or guardian signature/date)