

Counterpoint School, Inc.

Photography Permission

I give permission to the above named to photograph or videotape my child in connection with their daily activities while enrolled at this facility.

I agree that Counterpoint School may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Child's printed name: _____

Parent's printed name: _____

Parent's Signature: _____

Date: _____

I do **NOT** wish for my child to be used in photographs or video tapes for any purpose.

Child's printed name: _____

Parent's printed name: _____

Parent's Signature: _____

Date: _____