

# Saxonburg Memorial Church Preschool Media Release Form

I, (Parent/Guardian) \_\_\_\_\_, give permission for  
 Saxonburg Memorial Church Preschool to photograph or videotape my child  
 (Child's Name), \_\_\_\_\_, for the following purposes.

Type of Use	Grant Permission	Decline Permission
<b>Photographs:</b>		
Display in church or preschool scrapbook or bulletin boards, shown to current and prospective clients.		
Display still photos on church or preschool website(s).		
Display still photos on church or preschool Facebook/Twitter page(s).		
Use still photos in promotional materials		
<b>Videos:</b>		
Give video to current parents.		
Display video on church or preschool website(s).		
Display video on church or preschool Facebook/Twitter page(s).		
Use videos in promotional material.		

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_