



MEDIA RELEASE

Parent Release form for Photographing and of Videotaping

Student's LAST name: _____

Student's FIRST name: _____

I (check one) do or do not give permission for my child to be photographed or videotaped, by Little Sheep Learning Center staff member or a representative of Good Shepherd Lutheran Church to be used in connection with our web page, classroom and/or program decoration or for instructional or marketing purposes. The intent of this release is to gain authorization from a parent/guardian to include your child's image. Permission may be limited to areas designated by the parent by opting out. To opt out of a selected area, draw a line through the area you desire to opt out of. I understand that I may revoke this permission at any time by notifying the LSLC office in writing at:

202 Highway 71 West **OR**
PO Box 750
Bastrop TX. 78602

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

If there are any exceptions or special conditions please list below: