



# Sunshine School

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## **PHOTO RELEASE FORM**

I grant PSI CHILD CENTERS DBA: Sunshine School the right to take photographs of my child. I authorize Sunshine School, legal representatives and assigns, the right and permission to publish the same in print and/or electronically, without charge, photographs taken during the 2022-2023 school year.

I agree that Sunshine 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, audiovisual presentations, illustration, advertising, Web content, or in similar ways.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Child's Name \_\_\_\_\_

Month/Date/Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Disclaimer: Above information is held in confidence and is never released or sold.*