

TRINITY EPISCOPAL PRESCHOOL

PUBLICITY RELEASE

I hereby give my permission for my child _____
to be photographed at Trinity Episcopal Preschool participating in scheduled
activities of the program. I likewise give permission for my child to appear in
videography done at TEP for the purpose of publicity and the sharing of
information about the school (website, printed promotional materials, promotional
videography, and social media posts). I understand that no child will be identified
by name, nor will any personal information be disclosed about my child.

I hereby give my permission for art work created by my child to be used on the
TEP website, in printed promotional materials of TEP, and in promotional
videography.

Printed parent name

Parent signature

Date

_____ NO, please do not use any image of my child or of my child's art work.

Printed parent name

Parent signature

Date