



SPRING GARDEN ACADEMY

PRESCHOOL-8TH GRADE | EXTENDED CARE | SUMMER CAMP

PHOTOGRAPHY/VIDEO PERMISSION AND RELEASE

I understand that, occasionally, members of Spring Garden Academy faculty/staff will want to photograph or film my child, _____, for educational, curriculum-driven reasons.

I realize that the uses for these pictures/videos may include the following: bulletin board or school displays; school publications; documentation for the grant proposals; archival purposes; Highway Tabernacle church services and school programs; Spring Garden Academy, Next Generation Ministries & Highway Tabernacle Website; social media, and *Monthly Newsletters*.

Furthermore, I realize that the Spring Garden Academy is a very visible school in the city of Philadelphia, and therefore members of the print and television media may periodically visit the school to take pictures of and/or speak to the school's students, teachers and administrative staff. I accept that these images may appear on television or in a newspaper.

By signing this Photography/Video Permission and Release form, I give the Spring Garden Academy permission to take my child's picture and display it in any variety of school-related materials.

Furthermore, my signature indicates acknowledgement that my child's image may occasionally appear individually, or as part of a group, on television or in the newspaper, or on media.

Sincerely,
Name of Parent/Guardian: _____

Signature: _____ Date: _____

Name of Parent/Guardian: _____

Signature: _____ Date: _____

[] I do not wish to have my child photographed or have his/her name mentioned in any media publication or broadcast.

Name of Parent/Guardian: _____

Signature: _____ Date: _____