



Greensburg United Methodist Church
Loving Hands Preschool

PHOTOGRAPH RELEASE FORM

I give permission for photographs of my child, _____, to be used in local newspapers and other promotional venues in relation to their activities at Loving Hands Preschool. Examples of such would include, but are not limited to, the Loving Hands Preschool Facebook page, display boards at the Celebration of Education and event pictures published in the newspaper.

Parent Signature: _____ Date: _____

I also consent for my child's name to be listed in the event of a published photograph.

Parent Signature: _____ Date: _____

I DO NOT give permission for my child's photograph to be used. Any pictures taken will only be used in the classroom setting.

Child's Name: _____

Parent Signature: _____ Date: _____

I understand that If my child is in the background of a picture, or within a group picture, Loving Hands Preschool may use this picture, as long as nothing is identifying my child (Example would be school programs, where my child is included, and would not wish to be excluded from participating).

If this poses a problem, please see Miss Shannon to discuss.