



CROWN *of* **LIFE**

Lutheran School



PHOTO / VIDEO RELEASE

Child's Name : _____

Child's Classroom / Grade : _____

- Yes, I hereby give permission for my child to be photographed or videotaped

(This can be used for a classroom application, Facebook, Instagram or any other social media. You may also use it in promotional materials for the Church and School when necessary)

- No, I would not like my child to be photographed or videotaped.

Parent / Guardian's Name : _____

Parent / Guardian's Signature : _____

Date : _____

HANDBOOK RECEIPT

By signing below, I recognize that I have read and understand the handbook for Crown of Life and will abide by the rules and policies in place.

Parent / Guardian's Name : _____

Parent / Guardian's Signature : _____

Date : _____