

Permission to Photograph

I,(Parent or Guardian's Name)	, give perm	ission for Big Canoe
Chapel to photograph my child,		, for the
	's Name)	
Type of Use	Grant Permission	Decline Permission
Display in child's room		
Display on social network feeds*		
Use still photos in promotional material		
Use still photos on facilities website*		
Display in local newspaper w/ special events		
Display in future information guides for current or prospective clients		
	*Child's will not be named	on any online advertising.
I understand that it is my responsibility to u authorize one or more of the above uses. I term of my child's enrollment.	-	_
Parent or Guardian's Signature		Date