



Happy Minds Kids Academy

AUTHORIZATION TO PHOTOGRAPH AND/OR RECORD

Name of Student:

I hereby authorize the Administration and Staff of Happy Minds Kids Academy to:

photograph audiotape videotape my child's participation in school activities at Happy Minds Kids Academy.

I understand that photographs and tapes will not be made without the knowledge of the participants, and that they are subject to the rules of confidentiality and will not be shown to any other person or persons, except for those children and families participating in school's activities, prospective students and families, and for brochures/websites/social media advertising the school's program.

I understand that the photographs and tapes remain the property of the school and that the director and teacher are legally responsible for them unless I sign a written release. I further understand that if I agree to the release of any photographs or tapes to another person or persons in writing, the school is no longer responsible for the confidentiality of the material or in control of the use of the material contained on the tape or photograph. (Requests for the immediate erasure of a tape or destruction of a photograph and negative or digital image must be made in writing.)

This release/waiver is good for the entire school year/s in which my child is enrolled at the Happy Minds Kids Academy.

SIGNED: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

DATE: _____

A PHOTOCOPY OF THIS RELEASE SHALL BE CONSIDERED AS VALID AS THE ORIGINAL.

I **DO NOT** authorize Happy Minds Kids Academy Administration and Staff to photograph/audiotape/videotape my child's participation in school activities.

SIGNED: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

DATE: _____