# Arlington Unitarian Cooperative Preschool

**4444 Arlington Boulevard**

**Arlington, Virginia 22204**

**(703) 892-3878**

***www.aucpva.org***

**Arlington Unitarian Cooperative Preschool**

**Parental Release for Media Purposes**

City/State: Arlington, VA

Director’s Name: Diann Vaughan

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ I, (Parent/Guardian)­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give and grant permission for Arlington Unitarian Cooperative Preschool (AUCP) the rights to use any photos of the classes, and/or any events, that may contain my child, for the purpose of placing them on any media sources, including the website---at the address: [www.aucpva.org](http://www.aucpva.org). I understand that AUCP will take measures to protect the privacy of my child and not use names, addresses, phone numbers, or any personal information, but will use only a picture that may or may not include my child. I understand this permission extends for the entire duration of my child’s/children’s attendance at AUCP unless I notify the school in writing.

I further release AUCP from any damages in using my child’s likeness or photographs. I do further certify that I am of full legal capacity to execute the forgoing authorization and release.

OR

\_\_\_\_\_\_\_\_ I do not grant permission for AUCP to use my child’s image on media sources, such as the AUCP website.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_