

MIAMI AUTISM RECOVERY PRESCHOOL

Photo-Video Release Form

Child's Name: _____

As the parent/legal guardian of a child at Miami Autism Recovery Preschool (MARP), I agree to the following:

- I understand and agree that my child and family members may be photographed and/or videotaped at MARP during normal school hours, field trips, or activities.
- I give permission for these photographs or videos to be displayed in the classroom, school newsletters, MARP website/facebook page, blog, yearbook, brochures, promotional flyers, educational materials, or for any other similar purpose without compensation to me.
- I further waive, release, discharge and disclaim any right or claim to any payment or compensation for the release of these photographs or videos.

I,_____ , read and agreed to Miami Autism Recovery Preschool's Photo/Video Release agreement.

Parent's Signature _____ Date _____