

Photo and Media Release Form

I _____, hereby give Springing Up Child
Parent Name

Development Center and Cornerstone Academy and those acting

as in authority permission to reproduce, copy write, publish,

circulate, or otherwise use any pictures of my child,

_____, produced by or at Springing Up CDC and
Child/Children Names

Cornerstone Academy.

I understand that taking pictures or videos of our web cameras,
is prohibited as my child is not the only child in the classroom.

Sharing pictures or posting any pictures from our cameras to
social media is a violation to right to privacy of our students and
staff.

****FAILURE TO COMPLY WITH THIS POLICY COULD
RESULT IN TERMINATION OF POSITION AT SPRINGING
UP****

Parent Signature

Date

Parent Signature

Date