

Photo Release Form

I, _____, the parent of a child/children at the International DAI School, agree to the following:

I understand that my child/children whose name(s) are listed below may be photographed at the school during normal school hours, field trips, or activities. I understand that these photographs may be used:

- In class rooms of my child and others, as well as within the school.
- Through email or messaging services.
- For promoting child care services, either in print or on the DAI website.

The child/children are known as:

_____.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrolment.

Parent/Guardian Signature _____

Date _____