



C.A.P.E. - Photo Consent and Release Form

I, _____ (Parent/Guardian Name), give consent to the Community Alliance For Progressive Education (CAPE) or any party authorized by The CAPE to use my child(ren)'s photograph and/or video recording (checkmark any and all options you are in agreement with) for the purpose(s) of:

any CAPE purpose including, but not limited to, use in publications (periodicals, books, brochures, etc.), video and audio productions, advertising and promotional materials, or other media. I release the CAPE, from any and all liability that may arise in connection with such use.

use in private group settings where only other parents, staff, and supporting individuals will have access to view the photos. For example: a secret Facebook or Google group viewable only to parents and staff invited to the group for sharing purposes.

I do not give permission to the CAPE to use my child's photograph or video recording for any advertising or promotional purposes but understand that the Community Alliance for Progressive Education cannot be held responsible for photography taken by other parents or people, or how they use said taken photos.

I hereby warrant that I am a legal competent adult and a parent or legally appointed guardian of the minor. I state further that I have read the above authorization, and that I am fully familiar with the contents of it. This release shall be binding upon the minor and me, and our respective heirs, legal representatives, and assigns.

Signature of Parent/Guardian: _____

Relationship to Child: _____

Child(ren)'s Name(s): _____

Date of Signature: _____