

**Photo/Video Release Authorization**

*(OAR 414-360-0230(1)(i))*

**Child's Name:** \_\_\_\_\_

**Authorization:**

I  give  do not give permission for Chickadee Ridge Early Learning Center to use photographs, video recordings, or audio recordings of my child publicly. This includes, but is not limited to, use on the center's website, social media, printed materials, or advertisements.

I understand that my child's name will  be  not be included with the images or recordings.

This permission will remain in effect until I revoke it in writing.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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