

Weymouth Child Family Community Center

Child's Name _____

Parent/ Guardian

Signature _____ Date _____

Media Release

Please indicate below whether you wish to have your child participate in any Center approved media event which may include photographs or videotaping.

Yes _____ No _____

Web page release

_____ I grant permission for my son/daughter's work/photographs to be published or posted to the Weymouth Public School website or posted on EEC's Website.

_____ Deny permission for my son/daughter's work/photographs to be published.