

## Parent Release Form for Media Recording

of i	my c e incl d/or teria	ndersigned, do hereby grant or deny permission to <b>Old School Goal School™</b> to use the image hild,, as marked by my selection(s) below. Such ludes the display, distribution, publication, transmission, or otherwise use of photographs, images, video taken of my child for use in materials that include, but may not be limited to, printed als such as brochures and newsletters, videos, and digital images such as those on the <b>Old School™</b> Web site.	
	De	Deny permission to use my child's image at all.	
	Grant permission to use my child's image in the following ways (mark all that apply):		
		<b>Limited usage:</b> I want my child's image used <u>within</u> the <b>Old School Goal School<sup>TM</sup></b> setting only (not in the larger community).	
		<b>Limited usage:</b> I want my child's image used for <u>educational</u> materials only (not marketing). This could be either within <b>Old School Goal School™</b> or in the larger community. One example of this could be videos in parent education classes.	
		Limited usage: I want my child's image used on <u>printed</u> materials only (no digital or video use).	
		<b>Unrestricted usage:</b> I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by <b>Old School Goal School™</b> for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.	
Pai	rent,	/guardian signature Date	
Ple	ease :	make a copy of this form for your own records and mail to:	
Ow Old 189 Sal	ner d Sch 90 C lisbu	Haaland nool Goal School rescent Road rry, NC 28146 04-746-4908	

If you have questions, contact Brian or Heather Haaland at 704-746-4908.