



## Permission to Photograph

I, \_\_\_\_\_  
(Parent or Guardian's name)

Give permission for **Munson Hybrids, Inc.**

To photograph my child, \_\_\_\_\_  
(Child's name)

For the following purposes:

**(Please check all that apply)**

Type of Use:	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website or Facebook *		
Use still photos in promotional materials		
<b>Videos:</b>		
Give video to current parents		
Display video on facility website or Facebook		
Use videos in promotional materials		
T.V. newscast		
<b>Other (please list):</b>		

\* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website or Facebook.

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

Signed: \_\_\_\_\_  
(Parent or Guardian signature and date)