

## Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Zack's Place to use any image of, (full name of participant), as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Zack's Place Web site, [www.ZacksPlaceVT.org](http://www.ZacksPlaceVT.org).

- ☐ 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):
  - ☐ **Limited usage:** I want my child's image used within Zack's Place setting only (not in the larger community).
  - ☐ **Limited usage:** I want my child's image used on printed materials only (no digital or video use).
  - ☐ **Unrestricted usage:** 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 Zack's Place for a variety of purposes and that these images may be used without further notifying me.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please make a copy of this form for your own records and mail the original to:*

Beth Robinson  
Executive Director  
Zack's Place  
P.O. Box 634  
Woodstock, VT 05091

Please call or e-mail Dail Frates with any questions, [Execdir@zacksplacevt.org](mailto:Execdir@zacksplacevt.org)