

THE CHILDREN'S LEAGUE
League for the Handicapped, Inc.
393 North Street, Springville NY 14141
716/592-9331 Fax 716/592-4683
www.TCLny.org

PHOTO RELEASE

I, the parent of _____, grant
permission to The Children's League to take pictures of said child at our school
to be used

(Please indicate your preference(s) with an X):

- For classroom projects to be sent home or used within the school
- In a brochure, slide presentations, or video presentations
- On The Children's League website
- In a newspaper article
- No photos under any circumstance

It is understood that the name of the child will not be used in any of these
instances.

Date

Parent/Guardian Signature