



# Beth Ami Community Nursery School

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## Photo Release and Waiver

I understand, and grant my permission to Beth Ami Community Nursery School and Congregation Beth Ami to use my likeness and/or that of my child/children and/or family, whether through that use of photographs, film, videotape, or other media for promotional and public outreach purposes. This may include information on the Nursery School and its activities, environment, and curriculum. I understand that this may be distributed among the community through publications, literature, the internet or other visual means that BACNS & CBA use for promotion.

In connection with the above paragraph, I hereby expressly release and waive any claim I may have against Beth Ami Community Nursery School, Congregation Beth Ami, the director(s), it's officers or employees from any privacy, defamation, or other claims I may have arising out of the use of this pamphlet.

Name(s) of Participant(s) and Age(s) if under 18 years of age:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I do not grant permission.

PARENT or GUARDIAN

I represent that I am a parent/guardian of the minor whose name is above.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Participant or  
Parent/Guardian if Participant is a Minor: \_\_\_\_\_

Date Signed: \_\_\_\_\_