

CLRD PHOTO RELEASE PERMISSION FORM

☐ I give permission for my child to be photographed/videotaped in participation of the Campbell Little Red Devils activities. I hereby authorize the use of photographs and video to be used in CLRD publications.

Parent/Guardian Signature: _____

Date: _____

☐ I **DO NOT** give permission for my child to be photographed/videotaped in participation of the Campbell Little Red Devils activities. I **DO NOT** authorize the use of photographs and video to be used in CLRD publications.

Parent/Guardian Signature: _____

Date: _____