



Little Hands Preschool

First United Presbyterian Church of Dale City



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Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Little Hands Preschool to use the image of my child, _____, 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 First United Presbyterian Church Web site. Names of children will not be published. I waive any rights of compensation or ownership thereto.

- Deny permission to use my child's image.
- Grant permission to use my child's image.

Parent/guardian signature _____ Date _____

If you have questions, contact Lucia Juarbe at 703-878-2366.