

JCAL ACADEMY/LJCC Parent Release Form

For Media Recording

I, the undersigned, do hereby grant or deny permission to the JCAL Academy and the Jewish Community Alliance (JCAL)/Lancaster JCC (LJCC) 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 JCAL Academy and the JCAL/LJCC Website.

Deny permission to use my child's image.

Grant permission to use my child's image to be used in print, video, and digital media. I agree that these images may be used by JCAL Academy and the JCAL/LJCC for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

A copy will be made for your records. The original will be kept on file with JCAL Academy and the JCAL/LJCC. Any questions please contact JCAL Academy at (717) 560-7572 or the LJCC office at (717) 569-7352.

