



PUBLICITY WAIVER

I hereby authorize White Rock Montessori School to utilize likenesses, photographs, video tapes, or art work of (or by) my child, _____ as specified below:
Child's Name

(Initial *only* those for which you give permission)

_____ For distribution within the WRM School community (such as, but not limited to, school newsletter, announcements for Thursday folder, etc.)

_____ For distribution outside of the WRM School community (such as, but not limited to, school brochure, print or television media, or on our website.)

Parent or Guardian's Signature

Date