



Cornerstone Preparatory School For Therapeutic Education
Student Photo Release Form

Please fill in this form and either scan and email to
erika.gummels@cornerstoneprepschool.com or return in person.

Student's name: _____

I hereby grant permission for video recordings and digital photographs to be taken of my child or my child's work as part of his/her participation at Cornerstone Preparatory School For Therapeutic Education.

I understand that the recordings and images collected will be used for educational purposes (ie: providing a visual as a way to correct behavior, provide instruction, etc) as well as on the school's blog/website where activities that took place during the week are posted.

I authorize Cornerstone Preparatory School For Therapeutic Education to use my child's image on its website and/or in printed promotional materials without further consideration.

NOTE: No full names (first and last) of students will be identified.

I understand that once my child's image is posted on the Cornerstone Preparatory School For Therapeutic Education website, the image could possibly be downloaded by a third party. I agree that I will not hold Cornerstone Preparatory School For Therapeutic Education or Erika & Travis Gummels responsible for any harm that may arise from such unauthorized reproduction.

Parent/Guardian Name: (Please Print) _____

Signature: _____

Date: _____