



## TAVON LEARNING CENTER

### PERMISSION TO PHOTOGRAPH AND VIDEOTAPE

Name: \_\_\_\_\_

I give permission for the staff of Tavon Learning Center to photograph and/or videotape me while I am at Tavon Learning Center

I understand that these photographs and/or videotapes are to those used solely for the Tavon Learning Center newsletter, website, program photo album or advertising for the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I do **not** agree to the procedures listed above, and do **not** consent to be photographed while at Tavon Learning Center.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_