

Media Waiver

This waiver is to be signed upon registration and annually thereafter.

Child's Name: _____

I hereby give permission for Innisfil Montessori Academy to photograph my child:

- | | | |
|-------------------------------|-----|----|
| 1. For use within the school | yes | no |
| 2. For use on the IMA website | yes | no |
| 3. For the local papers | yes | no |
| 4. On our Facebook Page | yes | no |

Parents Signature

Date

OR

I do not authorize Innisfil Montessori Academy to photograph my child.

Comments:
