



Release Agreement

As the Parent or Legal Guardian of _____,
I hereby authorize the recording, video filming, and/or
photographing of my child during their enrollment at Discovery
Montessori School. Further, I agree to the use of my child's name,
likeness and achievement(s) for educational and other bona fide
related, non-profit purposes, including marketing and promoting
the Discovery Montessori School and consent to the display of
such to any persons. I authorize the use of any such recording,
video film, and/or photographs, and/or any such information in all
media in Perpetuity and without claim to compensation. I agree to
release and hold harmless Discovery Montessori School for the use
of any such material.

Signature of Parent/Guardian

Date