

PERMISSION SLIP

Name of Photo Participant: _____

I am the adult participant or the legal parent or guardian of the participant named above. I hereby give permission for the participant to be photographed (with or without other classmates in a particular picture) at Steinmetz Academic Centre events. I understand, agree, and give permission for display of the photographs on the Steinmetz Academic Centre website (www.steinmetzac.com)

X _____ Date: _____ (Signature)

Print name: _____