

**Lexington Montessori School**  
**319 S. Broadway Park**  
**Lexington, KY 40504**  
**859.254.7034**  
**lms@lexkymontessori.org**  
**www.lex.ky.montessori.org**

**Photography Permission Form**

*This form is to establish parental permission for LMS to take and possibly use photographs of students for the LMS website or promotional or historic materials.*

I, parent/guardian of \_\_\_\_\_ ,

Child's Name

\_\_\_\_\_ give

\_\_\_\_\_ do not give

my permission for Lexington Montessori School to allow my child to be photographed, audio/videotaped, or interviewed for the school website or other promotional or historic materials, with the approval of the Administration, in any way that would reasonably portray programs, events, or daily activity in or outside of the classroom of Lexington Montessori School. I further release the board of Lexington Montessori School and any of its employees or agents, from any compensation of damages in allowing the use of photographs or audio/videotapes of the above named child. I do further certify that I am of full legal capacity to execute the above authorization and release.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Legal Guardian