

# California Heights Parent Participation Nursery School

## General Release Form

---

Name (PLEASE PRINT)

Age (if a minor)

---

Parent/Legal Guardian Name (if a minor)

### **Signed Media and Information Release**

I give to the California Heights Parent Participation Nursery School (CHPPNS), its assigns, nominees and agents permission to use, publish, republish and share with media, partners and sponsors, video, photographic or digital images and reproductions of my likeness (photographic, video, or otherwise) and my voice, solely for the advancement and promotion of CHPPNS.

---

Signature of parent/legal guardian (if a minor)

Date