

# Super School-Age Care Media & Picture Release

I give my permission for Gayleen Johnson (Super School-Age Care) to use any form of media to record my child(ren)

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For the sole purpose of instructional and/or promotional use for Super School-Age Care. I understand if it is for promotional use I will be notified of this and decide at that time if I want my child(ren's) photo or recording used. This will be effective during the entire time that my child(ren) is in the care of Gayleen Johnson at Super School-Age Care.

Parent/Legal Guardian's Signature \_\_\_\_\_  
Date \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_  
Date \_\_\_\_\_

# Super School-Age Care Walks

I give my permission for my child(ren)

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to go on walks with Gayleen Johnson. This also gives Gayleen Johnson Permission to take my child(ren) to the school yard (next door to Super School-Age Care) to play. I understand that this will be effective during the entire time that my child(ren) is in the care of Gayleen Johnson at Super School-Age Care.

Parent/Legal Guardian's Signature \_\_\_\_\_  
Date \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_  
Date \_\_\_\_\_