



TEMPLE BETH-EL  
Religious and Hebrew School

## RELEASE

I give \_\_\_\_\_ do not give \_\_\_\_\_ (please check one) permission for my child,  
\_\_\_\_\_ to be photographed  
and/or videotaped and to have those pictures appear in any media coverage, publications,  
Religious School events, youth events, web page or social media for Temple Beth-El. No  
names will be associated with the pictures.

\_\_\_\_\_ Date \_\_\_\_\_

(Parent Signature)

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