

Name

Class

Family permission pledge

Write the name of each person in your family in the spaces. For each person, cross out a word in each sentence to show how they feel about privacy.

Name: _____

I do / don't mind being photographed.

I do / don't mind being videoed.

I do / don't mind images and videos of me being put online.

Name: _____

I do / don't mind being photographed.

I do / don't mind being videoed.

I do / don't mind images and videos of me being put online.

Name: _____

I do / don't mind being photographed.

I do / don't mind being videoed.

I do / don't mind images and videos of me being put online.

Name: _____

I do / don't mind being photographed.

I do / don't mind being videoed.

I do / don't mind images and videos of me being put online.

We agree to respect these privacy preferences.

Signed: _____

