

# Photo Release Form



I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_  
**PARENT/GUARDIAN NAME** **CHILD'S NAME**

grant \_\_\_\_\_ permission to use photos of my child,  
**CENTER NAME**

and agree to the following:

I understand that my child, whose name is listed above, may be photographed at the center during normal daycare hours, field trips or activities. I understand that these photographs may be used in promoting child care services in either print or on the Internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting the Center's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**PARENT/GUARDIAN NAME**

\_\_\_\_\_  
**CHILD'S NAME**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
**DATE**

