

Photo Release Form

I grant to my child care provider, _____, the right to take photographs of my child(ren). I authorize the use and publishing of the same in print and/or electronically.

I agree that use of such photographs of my child(ren) with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

Names of any child(ren) included in this photo release:

I have read, understand, and agree to the above statement:

Parent/gaurdian printed name _____

Parent/guardian signature _____ Date _____

Provider printed name _____

Provider signature _____ Date _____