



PHOTO RELEASE FORM

I, _____, the parent of child/children at Lake Country Childcare, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at Lake Country Childcare during normal hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as: _____.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting Lake Country Childcares' 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 _____ **Date** _____

Relationship to child _____

_____ I do not want my child(ren)'s photographs to be used in the manner described above

Initials