

PHOTO & VIDEO RELEASE FORM

As the parent of a child/children enrolled at _____

(Child care center name or provider's full name)

I understand that my child(ren) whose name(s) are listed below may be photographed or recorded during child care hours, field trips, or activities. I understand that these photographs may be used for classroom projects or in promoting child care services either in print (newspaper, flyer, etc.), TV, or on the Internet including but not limited to the CareLuLu website (www.CareLuLu.com), social media pages, and our own child care website.

(Please mark the appropriate box)

I give permission

I do NOT give permission

for my child(ren) to be photographed or recorded and for the photos or videos to be used as described above.

(Please write each child's full name)

1. Child's first and last name _____

2. Child's first and last name _____

I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I also agree to forego any right or entitlement to any compensation or fees. Finally, I confirm that I am the legal guardian of the above-named child(ren).

First and Last Name (Parent 1)

Email Address

Cell Phone

First and Last Name (Parent 2)

Email Address

Cell Phone

Date

Parent's Signature