

PARTICIPATION FOR CAMERAS AND KIDS 2013

Facility ID # Provider/Program Name:		
Child's Name (Photographer): Name of Photo:		
Date of Birth//	_ Age Ad	ddress:
City	Zip code	Telephone Number(s):
Parent(s) or Legal Guardian(s)		
Address if different than the Photographer:		
City	Zip code	Telephone Number(s)
Note to Providers: Please ensure that you have permission from each person in the photo prior to submitting the photo to the Cameras and Kids Contest. If permission is not obtained for all persons in the photo then the photo will not be entered into the contest.		
Names of People in the Photo:		
I hereby give my child permission to fully participate in the CAMERAS AND KIDS Contest. By granting permission you are allowing the CHILD CARE COUNCIL INC and the CAMERAS AND KIDS Committee to use your child's first name and age as well as releasing the rights to the photo CHILDCARE COUNCIL INC. The photo may or may not be used in print, social media, on our website or in any way that CHILDCARE COUNCIL INC. finds suitable.		
With full knowledge of the above, the Parent/Guardian acting on behalf of the minor Photographer hereby releases and shall hold harmless the CHILD CARE COUNCIL INC. and the CAMERAS and KIDS committee from all claims or damages including but not limited to defamation or violation of right of privacy or publicity, resulting from or associated with the use of the photo.		
Signed by Parent/Legal G	uardian	Date:
*Only one signature is required to participant in the contest. *If your child appears in another Photographer's photo. Please sign if you give permission for the photo of your child to be used within the same right as above.		
Signed by Parent/Legal G	uardian	Date: