

This form is used for people who are in a photo



Cameras and Kids Photo Release 2013

Facility ID # _____ Provider/Program Name: _____ Photographer: _____

Name of Photo(s): _____ Name of person in photo: _____

(If the person is a minor, please include) Date of Birth ___/___/___ Age ____

I hereby give my permission for my child 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 or your child's first name and age (if a minor) 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 or if over 18 grant permission for release and shall hold harmless the CHILD CARE COUNCIL INC. and the CAMERAS and KIDS committee from all claims for 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.

Parent(s)/Legal Guardian(s)/or adult in the photo:

(PRINT) _____ (Sign) _____

*If the person appears in another Photographer's photo. Please sign if you give permission for the photo to be used within the same right as above. ***** If signed below there is no need for another release form to be signed. *****

Parent(s) or Legal Guardian(s) (PRINT) _____ (Sign) _____

Name of Photographer: _____ Name of Photo: _____