



PHOTO RELEASE FORM

I, _____, the parent/guardian of a child/children at **Teeny Tiny University, Inc.**, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the center during normal center hours, field trips or activities. I understand that these photographs may be used in promoting childcare 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 the center's services. I understand that it is my responsibility to update this form if I no longer authorize the above uses. If I decide that I do not want my child(ren) to be photographed and/or recorded I will provide a signed and dated written letter to be placed in the child(ren)'s file. 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