

Photo Release Permission Slip

As a parent or guardian of this child, I hereby consent to the use of photographs/videotape taken for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, website, internet or other media sources).

I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for **Growing Stems Childcare** to photograph/videograph my child for daycare purposes and/or at daycare events.

No, I do not authorize **Growing Stems Childcare** to photograph/videograph for my child for any event.

Parent Signature: _____

Date: _____

Child's Name: _____