

PHOTOGRAPHY RELEASE AND CONSENT FORM

I, _____
(Parent/Legal Guardian Name)

authorize and consent to the photographing

of my child, _____
(Child's Name)

and understand that any videos and photographs may be used in a specific reference to Youth Programs, Child Development Center, Part Day Enrichment Program, and Family Child Care at Beale AFB, California, for promotion, publicity, training or recognition of the Program.

(Parent/Legal Guardian Signature)

(Date)