## BRANDI'S PLACE PHOTO RELEASE FORM

I understand and acknowledge from time to time that Brandi's Place Early Learning &

Child Care Center may take and publish photographs, student work or other relevant information of my child(ren). Student Name: Student Name: Student Name: \_\_\_\_\_ **Named Students** Children and children's work occasionally appear in photographs and/or video recordings taken by Brandi's Place staff members, or other individuals authorized by the director. Brandi's Place may use these pictures, with or without identifying the student, in various publications, including the center website. This consent form allows Brandi's Place to publish photos, videos, etc and no further notices is needed or will be given before the center uses pictures of students taken while they are at the center or center related activities. Please complete and sign this form to allow the center to publish and otherwise use photographs and video recordings, with or without your child identified or by name. I grand Brandi's Place to photograph, video, etc and identify my child, or my child's work by name in any center sponsored material, publication, video recording, or website. I release all claims against the center including any claim for compensation related to use of the materials. This release is effective until revoked in writing by the undersigned. Parent/Guardian Name (Please Print) Parent/Guardian Signature \_\_\_\_\_

\*This form is optional\*

Date Signed