

I give my consent for the ELCFH to photograph me and to use my statement/story in publications, press releases, news stories, and other ELCFH sponsored events for an indefinite period of time. I understand that photographs might be shared with other groups to promote quality child care and early education. I consent that such information (photographs, videos and recordings, or tapes) from which they are made shall be property of ELCFH. The ELCFH has the right to duplicate, reproduce and make other use of such information as desired.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Site: \_\_\_\_\_

Provider Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, being the parent/guardian of \_\_\_\_\_ give my consent for the ELCFH to photograph me and to use my statement/story in publications, promotional videos, press releases, news stories, and other ELCFH sponsored events for an indefinite period of time. I understand that photographs might be shared with other groups to promote quality child care and early education. I consent that such information (photographs, videos and recordings, or tapes) from which they are made shall be property of ELCFH. The ELCFH has the right to duplicate, reproduce and make other use of such information as desired.

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\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_