

Early Learning Coalition of Florida's Heartland, Inc.

www.elcfh.org

PHOTOGRAPH CONSENT FORM

I give my consent for the ELCFH to photograph me and to use the resulting photographs 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.

I understand that I will receive no financial reimbursement, payment, or compensation of any type from the ELCFH for the use of my photograph(s), videos, and recordings, or tapes, for these purposes.

I am of legal age and freely sign this release, which I have read and understand.

Name: _____


Address: _____


Phone: () _____

Signature _____

Date _____



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"INVESTING IN CHILDREN – INVESTING IN OUR FUTURE"