"Get A Life…Childcare"

5008 Valley Ridge Ave.
L.A., CA 90043
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PHOTO RELEASE FORM

I, _____, hereby grant Get A Life…Childcare

permission to publish (please check all applicable boxes):

☐ My photographs

☐ My My child's photographs _____ (child's name)

In agency publications and//or on the agency's website located at: www.getalifechildcare.org.

I understand that I have the right to request, in writing, to have removal of a photo from the website within 30 working days after receipt by Get A Life…Childcare.

I understand that any photos may be used for in Get A Life…Childcare publications or on the website to promote Get A Life...Childcare services as well as to offer information and referrals.

By signing below, I acknowledge my understanding of the above and grant my permission of use of the photograph/s.

_____ _____

(Please print name) (Date)

_____ _____

(Signature) (Date)