

ADVENTURE-LIFE PRESCHOOL

PICTURE RELEASE

Child's name: _____

YES -- I hereby give my consent to let my child be photographed for use by the center in newspapers or other media for the purpose of publicity or advertisements.

NO -- I hereby **do not** give my consent to let my child be photographed for use by the center in newspapers or other media for the purpose of publicity or advertisements.

PLEASE CIRCLE ONE AND SIGN

Date

Parent Signature