



BETHESDA ON THE BAY LUTHERAN
CHURCH & CHILDCARE CENTER

PHOTO RELEASE FORM

I, _____, the parent/guardian of the child/children attending Bethesda Childcare Center agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at Bethesda Childcare Center during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting Bethesda Childcare Center, either in print or on the Internet.

Child's name: _____

Child's name: _____

Child's name: _____

Child's name: _____

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting Bethesda Childcare Center. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature _____ **Date** _____