



Spring Angels Childcare  
4644 Glenwood Ave., North Vancouver  
BC V7R 4G7  
Tel: (604) 783-3172

## PHOTO RELEASE FORM

I, \_\_\_\_\_ , the parent or legal guardian of \_\_\_\_\_  
(Parent's name) (Child's name)

Grant Spring Angels Childcare permission to use photos of my child, and agree to the following:

I understand that my child, whose name is listed above, may be photographed at the center during normal daycare hours, field trips or activities. I understand that these photographs may be used in promoting child care services in either print or on the Internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting the Center's services.

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 NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
CHILD'S NAME

\_\_\_\_\_  
DATE