

***A Child’s Place*** 4701 North Charles Street Baltimore, Maryland 21210 Phone: 410-532-5399 Fax: 410-532-5160

**RE: Photo/Model Release Form**

Dear Parent/Guardian,

Throughout the day, A *Child’s Place* staff often takes photographs and sometimes videos of our students as they work and play in their classrooms, on the playground, in the Big Room, etc. The photographs, showing the children of *A Child’s Place* interacting with each other, *ACP* staff and NDMU student workers may be used to promote *A Child’s Place* preschool programs.

We are asking for your permission to use those images on the *ACP* website which is located online at <http://www.ndm.edu/about/lifelong-learning/a-childs-place/>, the Notre Dame of Maryland University website, the *ACP* bulletin board located in Theresa Hall, or in our *ACP* brochure and flyers.

Only photos of children whose parent/guardian completes and signs the following release form will be used. Thank you very much for your assistance in promoting *A Child’s Place* and its teachers and early care and education programs.

Sincerely,

Katie McDonald, Director

**Photo/Model Release Form**

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs which you have taken of my child, for marketing and public relations purposes for *A Child’s Place*, without compensation to me or my child. All digital files, negatives and positives, together with the prints shall constitute your property, solely and completely.

Name of Parent/Guardian (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of Child (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_­­\_\_\_