

EARLY LEARNING CAMPUS
PHOTO/VIDEO RELEASE FORM

I agree to allow my child/children _____

to be audio recorded, video taped, or photographed. I authorize the release of audio recordings, videotapes, or photographs for public viewing on local channels, for public showing, or for publication at the discretion of ELC.

I release ELC, its personnel, and any other persons from any liability connected with the tapings or use of such interviews, photographs, audio, or video recordings.

Guardian / Caregiver Signature

Date: _____