**PHOTO AND VIDEO RELEASE:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent and agree to the following conditions with regard to photos and videos used.

I grant permission to the Flower Kid’s Foundation LLC to photograph or videotape my child for the purpose of this program.

I grant the organization the right to reproduce, publish, copy, and distribute the photos, audio, and video recordings of my child for the purpose of this program & for promotional purposes.

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Signature Date