



## PHOTOGRAPHY/VIDEO & MEDIA RELEASE FORM

As a parent of a child who attends I Love to Learn, LLC, I acknowledge and agree to the following:

- I understand that my child, whose name is listed below may be photographed or videotaped at I Love to Learn, LLC during regular care hours, field trips, and during activities.
- I understand that these materials may be used in arts and crafts, and for children to take home as memorabilia. They may also be used for the purpose of promoting and marketing I Love to Learn, LLC. They may be used on all forms of electronic communication, but not limited to the following: I Love to Learn's Facebook page, parent app for daily communication, emails to parents, I Love to Learn's website.

Child's Name : \_\_\_\_\_

Yes, I confirm that I have read and understand the above and agree to have my child(ren)'s photos and/or videos used for the purpose of keeping parents informed of I Love to Learn's activities and for the purpose of marketing I Love to Learn, LLC.

No, I do not wish to have my child's photographs or videos published.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_