



PHOTO RELEASE FORM

Dear Parent, Guardian or responsible family member,

During the year, your child or senior will be participating in many exciting activities. Generations may take pictures and/or videos of these activities for their publication. We request your permission to use any photographs or videos in which your child or senior may appear.

Please complete and sign this photo release form that appears below and return it to the office upon enrollment and annually thereafter. Thank you.

Photo Release Form

Date: _____

I hereby give consent to Generations Child Care, Inc. and Generations Elder Care, Inc. to copyright or publish any photographs or videos take by them in which my child or senior appears. I also agree that they may use these photographs or videos for any public display and/or publication.

Child/Seniors Name: _____ Age: _____

Parent, Guardian Signature: _____

Child/Seniors Address: _____

City: _____ State/Zip: _____