

# PHOTO RELEASE FORM

## Pea Pods Child Care

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

Please mark appropriate box

I give permission     I do not give permission  
to Pea Pods Child Care to take or have photo's taken of my  
child if the occasion should arise.

Please mark appropriate box

I give permission     I do not give permission  
For my child to be video taped should the occasion arise

*I understand these photos's will not be sold or distributed  
without my knowledge or permission.*

Photographs are taken on different occasions such as  
birthdays, holidays and special occasions and sometimes used  
for arts and craft projects and various other things.

Signature of parent/guardian \_\_\_\_\_

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