

NINOS PRESCHOOL PROGRAM

PHOTO AND VIDEO RELEASE FORM

I, _____ hereby grant Niños Preschool Program permission to publish: (please check all applicable boxes)

My photograph/s

My child's photograph/s (child's name): _____

I understand that I have the right to request, in writing, removal of the photo from website or facebook within 30 working days of receipt of the request by Niños Preschool Program.

I understand that this photo may be used in publications or on a website designed to promote Niños Preschool Program's services as well as offer information and resources.

By signing below, I acknowledge my understanding of the above and grant my permission for the use of the photograph/s and video.

Print Name

Date

Signature