



# Permission to Photograph

I, \_\_\_\_\_, (Parent or Guardian name) give permission for KidCove to photograph my child, \_\_\_\_\_, for the following purposes:

(Child's name)

Type of Use:	(Please check for each one.)	
Still Photographs:	Grant Permission	Decline Permission
Display on KidCove business Facebook and/or Instagram	->	
Display on facility's bulletin boards, shown to current and prospective clients	->	
Display still photos on KidCove website	->	
<b>Videos:</b>		
Show video to current parents	->	

**Photography Release:** I hereby give KidCove LLC the absolute, irrevocable right and permission, under the below terms for use of photographs/video/film taken of my child during any program activities. I hereby forever release and discharge KidCove LLC, their heirs, affiliated companies, officers, directors, employees, legal representatives, agents, assigns, and party for whom said photographs/video/film were taken, from any and all claims, actions and demands arising out of or in connection with the use of said photography/video/film, including without limitation, any and all claims for invasion of privacy and libel. Consent must be given by parent or guardian as follows: I hereby certify that I am the parent or guardian of said child named above.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_

(Parent or Guardian signature)

(Date)