



## Photo/Video Release Form

Child's Name:

As the parent of a child at Fatima Tricha Payan Large Family Child Care ("LFCCH"), I agree to the following:

- I understand that my child and family members may be photographed and/or videotaped at LFCCH during normal school hours, field trips, or activities.
- I give permission for these photographs or videos to be displayed in the classroom, school newsletters, yearbook and brochures or uploaded to the LFCCH website and/or facebook page.

I further waive, release, discharge and disclaim any right or claim to any payment or compensation for this release of these photographs.

I, \_\_\_\_\_, read and agree with Fatima Tricha Payan Large Family Child Care's Photo/Video Release.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_