

## **MEDIA RELEASE**

CHILD'S NAME:			Date:		
			, a parent/ guardian hereby give perred or included in videos by The Learning Gardens Child Decare hours, field trips, or other activities and that the		
photographs	s/video	s may b	pe used for the following purposes:		
	(Plea	ase plac	ce an X in the appropriate column for each media type.)		
	Yes	<u>No</u>	Media/Medium		
			Procare/Center Software (e.g., at the center to track progress, activities, communications with parents/staff, etc.)		
			Center newsletters and other paper/print media (i.e. classroom photos, art projects, etc.)		
			The Learning Gardens Social Media sites and websites (e.g., Facebook, Instagram, TLG Website, etc.)		
			Promotion and marketing of the Center/Services		
			ase the Center from any obligations regarding future use on, I acknowledge that I will not receive any payment or cor		
for participa	tion.				
Parent's Sig	gnature	e:	Date:		