

# PHOTO RELEASE FORM

Please circle your choice and sign.

CHILD'S NAME \_\_\_\_\_

I give The Children's Village permission to photograph my child. I understand that these photos may be used on The Children's Village web site and/or other advertising opportunities.

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE DATE

I DO NOT give The Children's Village permission to photograph my child. I DO NOT want my child in any advertising or on the web site.

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE DATE