

(1) 9845 Lost Knife Road, Gaithersburg, Md. 20886 (301)990-3170

## (2) 20111 Century Blvd Suite-A Germantown MD 20874 (240)246-7835

## Release Form for Photo or Other Media Recording

I, the undersigned, do hereby allow Hope Grows Child Development Center LLC and its owner, director and staff members to take photographs, video or digital recordings of my minor child/children (listed below).

I agree that Hope Grows Child Development Center, LLC and/or its staff members listed above may use these photographs and recordings for its website, Facebook and/or twitter accounts now or in the future, solely for the purpose of promoting Hope Grows Child Development Center, LLC. I further agree that my child may be identified in the posting and/or my child/children may be revealed therein by descriptive text or commentary.

I do hereby assign to Hope Grows Child Development Center, LLC and the above-named all rights to exhibit this work in print or electronic form publicly or privately and to use the images and sounds to promote Hope Grows Child Development Center LLC.

I waive any rights, claims, or interest I may have to control the use by Hope Grows Child Development Center, LLC of my Child/Children or likeness in whatever media used.

For my minor children, I hereby release and forever discharge Hope Grows Child Development Center, LLC and its owners and staff members, from every claim, demand, damage, right or cause of action of whatever kind or nature which is related to the acquisition and use of the photographs and recordings.

I understand that there will be no financial or other remuneration for photographing, recording and/or identifying my child/children, either for the initial or for any subsequent publication, transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this release.

Parent Name:	
Names of minor children, if any:	
Date:	
Address:	
Phone:	
Signature:	