



AUTHORIZATION FOR PHOTO RELEASE

Name: (print name of parent)

Address:

City:

State:

Zip:

1. I hereby authorize Creative Kids Connection LLC to photograph and use the photographic or video images of my minor child(ren) _____(Name of child(ren)).
2. I understand the use or release of the images may be made either to the public through marketing/public relations efforts for commercial or noncommercial publications, exhibits, intranet and internet.
3. I understand for the protection of my child(ren), their names will not be published in any form and is not authorized by this release.
4. I understand that this Authorization for Photo Release can be revoked by me at any time by submitting a written request to Creative Kids Connection.
5. I understand that Creative Kids Connection cannot require me to sign this Authorization as a condition of providing service to my minor children.

I have read and had the opportunity to have my questions answered and understand the above terms and conditions and hereby authorize Creative Kids Connection to photograph and use the images/videos as described in this release.

Parent/Guardian Signature _____

Date _____

Creative Kids Connection Representative Signature _____