

Photograph Release Form

I, _____, hereby grant Child Care Resource & Referral permission to photograph (list name below). I understand that these photographs may be used for Child Care Resource & Referral administration, publicity, and marketing purposes.

Name (s) :

_____	_____
_____	_____
_____	_____

Signature _____ Date _____

Relationship _____

Address _____

Telephone _____