

Sample Release Form

Multimedia Permission

I give my consent for _____ (INSERT NAME OF ORGANIZATION) to photograph or video my child and/or me or use photograph(s) or videos that already exist of my child and/or me that were taken in a childcare setting. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on websites owned or sponsored by the South Carolina Department of Social Services (SCDSS). I give SCDSS permission to publish, exhibit, and distribute these materials. Possible uses include educational, research, development, public service, or training activities, under the overarching vision and mission of the SCDSS ABC Child Care Program. I understand that SCDSS owns the copyright to the multimedia material in which I, or my child may appear. The SCDSS will assure that it conveys positive images of children and reflect early childhood recommended practice.

Please complete a separate form for each participant.

If the participant is under age 18, the participant's parent or guardian must sign this form.

Permission for Minor

Name of Child (print)

Parent/Guardian Name (Print)

Signature of Parent/Guardian

Date

Daytime Phone

Permission for Adult

Participant Name (print)

Signature

Date

Daytime Phone