



Ripon Children's Learning Center

Media Release Form

Child(ren)'s Name: _____

I, the undersigned parent/guardian of child(ren) listed below understand that the Ripon Children's Learning Center (RCLC) may, on occasion, record the image, voice, or other likeness of me and my minor child(ren) in still photographs, video, and or voice recordings (or other similar technologies) while engaged in activities or programs at RCLC. I Hereby give permission for RCLC to do so and use these images to promote RCLC and childcare programs without remuneration to me or my minor child(ren) on RCLC devices. Images may be used in displays in or out of the building, brochures, newsletters, newspapers, videos, on the RCLC website and RCLC Facebook page, or in other marketing or publicity efforts. Names, addresses, or other personal information will not be released in any publicity materials without my express consent.

Agreed Denied

Parent Signature

Date

I further give permission to the management at RCLC to release my child's first and last name to the local newspaper in the event they requested to print a picture of my child in the local newspapers.

Agreed Denied

Parent Signature

Date