



Photo Release Form

I grant *Magical Mind's Childcare and Learning Center*, the right to take photographs of my child and my family in connection with childcare experiences at the facility and on outings to field trips.

I agree that *Magical Mind's Childcare* may use such photographs of my child without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Name of Child: _____

Date _____