

**Photography Release**

**I give my permission to the Ross County YMCA Child Development Program to use, without limitation or obligation, photographs, film footage, or tape recording, which may include myself and/or my child’s image(s) or voice for purposes of promoting or marketing YMCA programs.**

**\*Signing below gives us consent. If you do not wish to consent, please check this box  NO PHOTOGRAPHY**

**Child`s Name \_\_\_\_\_**

**DOB \_\_\_\_\_**

**Parent`s Name \_\_\_\_\_**

**Parent`s Signature \_\_\_\_\_**

**Date \_\_\_\_\_**