

I consent to the taking of photographs of my child \_\_\_\_\_ by staff of Longwood Medical Area Child Care Center ("LMACCC") and/or their designees. I give my permission for the photographs to be used by the LMACCC and Medical Academic Scientific Community Organization, Inc. ("MASCO"). These photographs may be used by the LMACCC and MASCO on their respective websites, in presentations, or in publications produced by either organization. I release both the LMACCC and MASCO from any responsibility for any claim that could arise as a result of the use of these photographs. I will make no claim for payment for my child being photographed.

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Signature of Parent or Guardian

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Date

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Print Name