

Internal (General) Photo Permission

I consent to the taking of photographs in which my child, _____, may appear by the staff of the LMACCC and to the use of the photographs by the LMACCC in the center, in the classroom, and on Procure only.

I also consent to the taking of photographs in which my child may appear by members of the LMACCC staff for their own personal memories or to be used as gifts to families enrolled in the LMACCC. I will make no claim for payment for my child being photographed. I understand that for purposes other than so stated above, photographs in which my child may appear will only be taken if I chose to give additional photo release for each individual photo session.

Signature of Parent/Guardian

Date

External Photo Permission

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 Longwood Collective.

These photographs may be used by the LMACCC and Longwood Collective on their respective websites, in presentations, or in publications produced by either organization. I release both the LMACCC and Longwood Collective 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.

Signature of Parent/Guardian

Date