# PHOTO RELEASE FORM

I Click here to enter your name the undersigned, do hereby give and grant permission to Child Care Aware of NH, a Child Care Resource and Referral program of Southern New Hampshire Services (hereinafter “CCAoNH”) and its agents to take or use my photograph(s) or video(s) for the specific purpose of enhancing and promoting quality child care experiences in early childhood settings.

I understand that I am to receive no compensation of any kind for my appearance in such photograph(s) or video(s) or the use thereof.

I understand that the photograph(s) or video(s) may be cropped or edited at the discretion of CCAoNH or its agent and that CCAoNH shall have complete ownership of the photograph(s) or video(s), and shall have the right to make use of the photograph(s) or video(s); however, I am still able to use the picture(s) and/or video(s) for my personal and business needs.

I further understand that the photograph(s) or video(s) may be used in any media (included but not limited to printed material, e-newsletters, World Wide Web and Social Media) in perpetuity throughout the world. It may also be shared with collaborative partners.

I (and any minor appearing) hereby release and hold harmless CCAoNH, its employees and agents, from any and all proprietary rights, actions, damages, liabilities and causes of action of any kind, both at law and in equity, including any attorney’s fees and costs, that may be asserted in connection with or arising out such use. I am 18 years of age or older.

If the person appearing in the photograph(s) or video(s) is a minor (under 18 years of age), a parent or legal guardian must sign this release.

**Name of adult or minor in photograph(s) or video(s):** Click here to enter name

**DISCLAIMER:** By typing your name below, you are signing this Photo Release Form electronically.

You agree that your electronic signature is the legal equivalent of your manual signature on this form.

**Signature or Parent/Legal Guardian Signature:** Click here to type your signature

**Date:** Click here to enter a date.

**Printed Name:** Click here to enter name

**Home Address:** Click here to enter address.

**City:** Click here to enter city **State:** Click here to enter state **Zip:** Click here to enter zip code

**Phone**: Click here to enter phone number

**Please keep a copy of this photo release form for your records and email a copy to Child Care Aware of NH at** [**outreach2ccrr@snhs.org**](mailto:outreach2ccrr@snhs.org)**.**