



Picture and Information Release Form

Child's Full Name: _____

Child's Date of Birth: _____

I, _____, hereby give The Bell Center for Early Intervention Programs and The Service Guild permission to use pictures or video of my child _____ (name of child) for the purposes of promoting the program of services offered by The Bell Center for Early Intervention Programs. It is agreeable to use the pictures or video for publicity and promotion purposes in newspapers, newsletters, magazines, brochures, bulletins and other publications. and electronic forms distributed by The Bell Center and The Service Guild. I understand that in signing this form, I release The Bell Center and The Service Guild of all liability in its actions under this permit.

Please Initial:

I DO grant permission for my child's name to be used with the child's picture for publicity. _____

I DO NOT grant permission for my child's name to be used with the child's picture for publicity. _____

Parent/Guardian Signature

Date