



West Virginia Early Childhood  
**Training**  
CONNECTIONS  
AND RESOURCES

**Photo Release**

I, \_\_\_\_\_, in consideration of your photographing or using existing photos of my child, their likeness and image, hereby grant to WVECTCR and the subcontractor, which term shall include not only yourselves, but your employees, agents, successors, licensees and assigns, the irrevocable right and license to use my child's likeness; to edit such videotape or film or crop and alter photographs at your discretion, to incorporate the same in the production of media, of any description or location, whether local, state, regional or national, using my child's image or likeness, and to use or authorize the use of such videotape or film, photograph or any portion thereof in any manner or media at any time in perpetuity and to use my child's name, likeness, voice and biographical or other information concerning my child's likeness in connection with all media and promotions concerning WVECTCR and its affiliates and funding agencies.

I agree to hold WVECTCR harmless against any liability, loss or damage resulting from the use of my child's image and/or likeness, and hereby release and discharge WVECTCR from any and all claims whatsoever in connection with such use of my child's image and/or likeness, and specifically release any claims for monetary remuneration against WVECTCR or River Valley Child Development Services as a result of the use, publication, printing or other reproduction of my child's photograph, likeness, image in the publication thereof.

I am signing this release freely and voluntarily and in executing this release do not rely on any inducements, promises or representations made by WVECTCR or their designee.

**Approval/Consent of Parent or Guardian (Please complete this section if you are giving permission to WVECTCR for a minor)**

Minor's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Approval/Consent (Please complete this section if you are giving permission to WVECTCR for yourself)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Signature: \_\_\_\_\_