



BRIGHT FROM THE START

Georgia Department of Early Care and Learning
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GOVERNOR

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COMMISSIONER

MEDIA/PHOTOGRAPHY/VIDEO CONSENT AND RELEASE FORM

I am the parent/guardian of _____ (Full name of child) (My Child). I hereby grant, the childcare provider specified below, the Georgia Department of Early Care and Learning (DECAL) and their agents the absolute right and permission to use photographic portraits, pictures, digital images or videos of My Child, or in which My Child may be included in whole or part, or reproductions thereof for any lawful purpose whatsoever, including but not limited to use in any DECAL publication, on the DECAL or other associated websites and social media sites, or any other publication format be it digital or otherwise, without payment or any other consideration. I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied. I hereby release, discharge, and agree to indemnify and hold harmless the childcare provider, DECAL, their agents and associated entities from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child's photographic portraits, pictures, digital images or videos, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videos, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements, educational or promotional materials. I represent that I am at least eighteen (18) years of age and am fully competent and authorized to sign this Release.

CHILDCARE PROVIDER NAME: _____

ADDRESS: _____

PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME

CONSENT: I hereby certify that I am the parent or guardian of the above named child and do hereby give my consent without reservation to the foregoing on behalf of My Child.

NON-CONSENT: I hereby certify that I am the parent or guardian of the above named child and do not hereby give my consent without reservation to the foregoing on behalf of My Child.

(Printed Name) (My Child's Age)

(Parent /Guardian's Signature) (Date)

(Parent/Guardian's Printed Name) (Primary Phone Number)