

## OPTIONAL PHOTO RELEASE AND WAIVER

Please sign this waiver if you will permit use of your/your Dependent's image as described below. If you do not sign this waiver, we will not use your/your Dependent's image as described.

1. I understand that Lily's Pad promotes its programs and facility to other participants and parents and the community at large. As such, articles, brochures, videos, websites, social media and other media may be used promotionally or educationally and may include images of Lily's Pad participants and other visitors.
2. I hereby give my permission to Lily's Pad to use, without limitation and obligation, photographs, film footage, media, or tape recordings which may include my or my Dependent's image or voice for any purpose including display in both printed and electronic media and on the internet.

Adult Waiver

Minor's Waiver

Adult Member's Name

Printed Full Name of Dependent

Adult DOB

Date of Birth of Dependent

Signature of Adult Member

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Date