



Photographic/Media Consent Form



I, (print name) _____, parent or official guardian of (print child's name) _____, hereby grant permission to Little Friends 2 LLC representatives, to take and use: photographs and/or digital images of **my child** for use in news release and/or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Little Friends 2 LLC representatives.

(Signature of Parent/Guardian) (Phone)

Date