



Photograph/Video Release

I, ______, hereby execute this release on behalf of myself

Parent/Guardian	
and my child,	, for the benefit of Friends of Infant
Child's Name Infant Toddler Services of Johnson County (hereafter referr successors, assigns, partners, shareholders, affiliated comprepresentatives, and those acting under it's permission or controlled.	panies or entities, employees, agents, and
I hereby irrevocably authorize Friends to copyright, use, ad publish pictures, portraits, reproductions, and likenesses of intervention, regardless of the form or media thereof, including signs, labels, brochures, computerized or digital reproduction pictures, portraits, reproductions, and likenesses of my Chileconnection with other persons or objects.	my Child in connection with therapy ling, but not limited to photographs, video, on, the internet, and television. Those
I hereby relinquish and grant to Friends all right, title, and ir and likenesses, including photographic negatives, reproduc	· · · · · · · · · · · · · · · · · · ·
I hereby irrevocably release and discharge Friends, on beh for defamation, libel, slander, invasion of the right of privacy misappropriations, copyright and trademark infringement, o publication, reproduction, display, or distribution of any item further agree to indemnify and hold Friends harmless again or otherwise on the part of the Child or the heirs or represended any loss, damages, costs, or attorneys' fees Friends reclaims by the Child or anyone on behalf thereof.	y, invasion of the right of publicity, or any other claim based on use, exhibition, or material described or referenced herein. I nest any such claim for damages, compensation ntatives thereof and to reimburse or make
I HAVE READ AND FULLY UNDERSTAND ALL OF THE T IT VOLUNTARILY.	TERMS OF THIS RELEASE AND I EXECUTE
Signature of Parent	 Date

info@itsjc.org Phone: (913) 432-2900 Fax: (913) 432-2901