

Kidsborough
Photographic Release

Kidsborough
9 Main Street
Southborough, MA 01772

Child's Name: _____

I, _____, give my permission for my child to be photographed for:

Use for display at Kidsborough

Use in local newspapers

{
— Full name
— First name only
— No name

Use on Kidsborough website

{
— Full name
— First name only
— No name

Parent/Guardian Signature

Date