



## *Participant Release*

Child's Name: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

I hereby authorize Watch Me Grow, a program of Family services, Inc. to use my child's name, appearance, image, voice for promotional, public relations, solicitation and related used by the Family Service, Inc or any of its related programs.

I acknowledge Family Services will be the sole owner of all rights in and to any photos and txt for all purposes, irrespective of the form in which they are produced or used. Family Services, Inc. shall have the right among other things to reproduce or, in the case of video, website, cablecast and broadcast my child's name, appearance, image, voice, in perpetuity in any manner of media whatsoever. I agree edits will be made at the sole discretion of the Family Services, Inc.

I agree to hold the Family Services, Inc. and any third parties harmless against any liability, loss or damage (including reasonable attorney's fees) caused by or arising from my participation in any publication (print or electronic), videotape or photos taken of my child. I expressly release and hold harmless, Family services Inc. their offices, directors, employees, agents and volunteers of the organization , action officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the taking or publishing of any such photos, film, text or videotape, including such claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast, cablecast or exhibition of the program or photographs.

I further acknowledge that, except for the above-stated consideration received, there were no promises or any compensation.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Please Print Name

22530 Gateway Center Drive, Suite 900, Clarksburg, MD 20871

240-686-0572 ♥♥♥ [www.wmgclarksburg.org](http://www.wmgclarksburg.org)