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www.acdkids.org

Blanket Photo Release Form for Minors

I, being of legal age, acknowledge that I have authorization to sign this release on behalf and in representation of the minor child identified below. The minor child's name or a fictitious name, and photographs and/or digital images in which the minor appears may be used by Association for Child Development ("ACD"), its agents, assignees or successors, in whatever way they desire. I also consent to the use of any printed materials in conjunction with ACD's use of the minor's name and likeness.

In consideration of value received, I consent and agree that such photographs or images in any format shall be the property of ACD. Representatives of ACD shall have the right, but not the obligation to duplicate, reproduce, modify, create derivative or compilation works, publish, distribute, and make other uses of such images without my or the minor's prior approval. Such uses are free and clear of any cost or claim whatsoever on my part or the part of the minor child.

Such uses may include but are not limited to posting of the images on the ACD website for advertising, public information, or any other purpose. I agree that the terms of this agreement are governed by and jurisdiction is proper in Ingham County, Michigan. I have read and understand the terms of this agreement, and I have authority to sign it on my behalf and the behalf of the minor child. I agree that this release is binding on the minor child and me, our respective heirs, legal representatives, and assigns.

ACCEPTED:

Month _____ Day _____, Year _____

Name of child (print) _____

Name of parent/guardian (print) _____

Signature of parent/guardian _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____

Provider name _____

Provider City _____ State _____

Please fill out and return to:
Association for Child Development
P.O. Box 1491, East Lansing, MI 48826

For Office Use Only:

Scanned
Date _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (2) fax:(833) 256-1665 or (202) 690-7442; (3) or email: program.intake@usda.gov.