

# Sweet Dream Makers

55 NE 5th Ave, Suite 400, Boca Raton, FL 33432 / 561-571-7363

## MEDIA RELEASE

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### **PARENT/GUARDIAN/ADULT/CAREGIVER**

I, \_\_\_\_\_ give permission to be  
(parent/guardian/adult/caregiver)

photographed and videotaped during Sweet Dream Makers' activities. My image may appear **in print or online** promoting the Sweet Dream Makers' activities. I understand that my first name may be used to identify me. This permission form will be kept on file in the Sweet Dream Makers' office. If I would like to withdraw my permission, I may do so at anytime.

Caregiver Name: (print) \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CHILD**

I give permission for the child(ren), \_\_\_\_\_,  
(list all children in family)

to be photographed and videotaped during Sweet Dream Makers' activities. My child's image may appear **in print or online** promoting the Sweet Dream Makers' activities. I understand that my child's first name may be used to identify my child. This permission form will be kept on file in the Sweet Dream Makers' office. If I would like to withdraw my permission, I may do so at anytime.

Caregiver Name: (print) \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_