



KIDDIE COVE

DREAM . EXPLORE . DISCOVER



PHOTO RELEASE FORM

I hereby grant permission to Kiddie Cove to use photographs and/or video of my child taken at Kiddie Cove Sun Valley in publications, news releases, online, and in other communications related to the mission of Kiddie Cove

(Signature of Adult, or Guardian of Children under age 18)

Name _____

Address _____

Phone (day)_____ (evening)_____

Email Address (optional) _____

Thank you!