

## MCLS Program Sign-In Sheet & Photo Release

**Program:**

**Date:**

Child's Name	Parent's Name	Emergency Contact #	Email	Known Allergies?

I grant to MCLS, its representatives, and employees the right to take photographs of me and my child/children in connection the above-identified subject. I authorize MCLS, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that MCLS may use such photographs of me and my child/children with or without my name and for any lawful purpose, including such purposes as publicity, advertising, and Web content. By signing this, I verify I am 18 years of age, or having a parent/guardian sign this release.