



Child Care Aware of New Hampshire

A Program of Southern New Hampshire Services



Child Care Aware of New Hampshire – Main Office 88 Temple Street, Nashua, NH 03060

Telephone: (603) 578-1386 or 1-855-393-1731 Fax: (603) 578-1736

www.nh-connections.org or www.SNHS.org



PHOTO RELEASE FORM

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I understand that I am to receive no compensation of any kind for my appearance in such photograph(s) or videos or the use thereof.

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Signature or Parent/Legal Guardian Signature:

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State:

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Please keep a copy of this photo release form for your records and mail a copy to Child Care Aware of NH.

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