

The Children's Center at UCP  
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UCPA of Greater Suffolk, Inc.  
Photo and Video Image Release

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**For Parent or Guardian of:** \_\_\_\_\_  
(Please Print Child's Name)

I represent that I am the parent/guardian of the minor or incapable adult named above and agree that the grant and release contained therein binds us and said minor or incapable adult to all the terms thereof.

Signature of Parent/Guardian \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE RETURNED TO MAIN OFFICE**

FOR MAIN OFFICE USE ONLY
Date Received: _____
Received by: _____