**Week of Action Events Photo Permission Form**

The Early Childhood Educators of British Columbia (ECEBC) are accepting photo submissions from the public of activities within participant’s communities during the Week of Action, March 1 - 8, 2017. These photographs may appear on the ECEBC Facebook page and the Early Childhood Educator Journal to highlight the support and energy for the $10aDay Plan. A show a slide show will be presented of the photographs at the 46th Annual ECEBC Conference May 4-6, 2017.

No photographs can be used for the above without your written permission.

I understand that ECEBC is using my photograph on the ECEBC Facebook page, within the publication of the Early Childhood Educator Journal and in a presentation at the ECEBC conference May 4-6th, 2017 and not for any other purpose.

I give my permission for use of my photograph to solely for the purposes as noted above.

My signature below indicates that I have read and understood fully all the above and hereby give my permission.

**Participant’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that ECEBC is using a photograph of my child on the ECEBC Facebook page, within the publication of the Early Childhood Educator Journal and in a presentation at the ECEBC conference May 4-6th, 2017 and not for any other purpose.

I give my permission for my child’s photograph to be used solely for the purposes as noted above.

My signature below indicates that I have read and understood fully all the above and hereby give my permission.

**Participant’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return form to: snygren@ecebc.ca