

**MODEL RELEASE**

I hereby consent to the use of my \_\_\_\_\_ (or) my child's  
\_\_\_\_\_ photograph in *International Journal of the Whole Child*, or other  
publications of the Tennessee Association for Childhood Education International.

Printed Name \_\_\_\_\_

Signature

\_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Zip \_\_\_\_\_

Child's Name (if applicable)

\_\_\_\_\_

Date \_\_\_\_\_