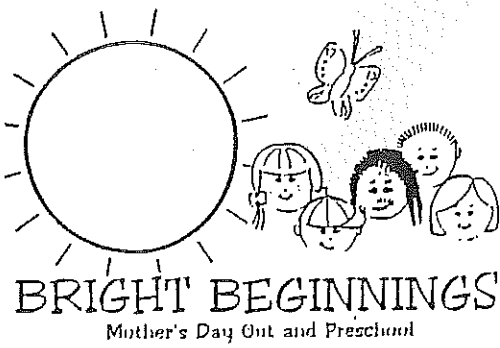


DISCIPLES CHRISTIAN CHURCH

Linda Gulick
Director



FORM 9: PICTURE RELEASE

I hereby grant permission for my child, _____,
to be photographed or videotaped while involved in activities connected with the day care
program at _____ center. No commercial use will be made of these
photographs or videotapes without further consent.

Date

Signature of Parent

* * *