

RELEASE AUTHORIZATIONS

Facility Name/Address _____

TRAVEL RELEASE

I/We do _____, do not _____, give consent for (name of child) _____ to participate in field trips with the above named program. I/We do reserve the right to be notified before each field trip that involves travel out of town. I release the program of any liability unless negligence is proven.

Restrictions:

Date Signature of Parent or Legal Guardian

PHOTOGRAPHY/VIDEOTAPING RELEASE

I/We do _____, do not _____, give consent that the above named program may take photographs/videotapings of our child (name of child) _____, and I/we consent that the program may use the photographs/videotapes of our child in promoting the purpose of the Center. We understand that no financial benefits from the use of the photographs/videotapes are obligated to be paid to us.

Restrictions:

Date Signature of Parent or Legal Guardian

SCHOOL-AGE TRAVEL TO AND FROM SCHOOL NOTIFICATION

I/We understand that my child will be transported with only one adult in a center-owned vehicle for the sole purpose of transporting children to and from school. My child will be transported to and from (name of school) _____.

This includes days in which there is early release/late starts at the school. I affirm that my child's participation in the transportation program is entirely my choice, with the understanding of risk or accidental injuries that may be involved in any transportation program in the Center.

Date Signature of Parent or Legal Guardian