## PLEASE FILL OUT AND SIGN BOTH SIDES!!

# Helping Hands Childcare Permission Agreement

Child's Name:	
I,	, the parent/guardian of the above mentioned child,
·	r my child to use all of the play equipment and es at the Family Child Care Home.
3 1	ny child to leave the Family Child Care Home for walks supervision of the Family Child Care Provider.
supervision of the Family Child	ny child to leave the Family Child Care Home under the I Care Provider for field trips in the FCC provider's `ety seats/devices necessary and good judgment.
Parent/Guardian Signature:	Date:
the above mentioned child will	f Helping Hands Childcare, the child care provider for transport the child to schools, parks, special trips, a safety seats/devices necessary and good judgment.
Child Care Provider Signature	Date:

Helping Hands Childcare \* 1225 Nilgai Place \* Ventura CA 93003 \* 805-323-6860

This form is valid from the mentioned date until termination.

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### Helping Hands Childcare

We, the daycare, sometimes take photographs, audio or video footage for publicity and/or advertising purposes. Also letters, e-mail, and other written material made from you and addressed to us such as letters of recommendations, testimonials etc. may also be used. These may appear in our printed publications, on our websites etc. We may also send them to the news media. Before taking doing so we need your permission. Please read and sign this form.

Photo/Video/Correspondence Consent Form

I, being the parent/legal guardian of \_\_\_\_\_\_\_, do hereby consent to the use of photos, video or audio recordings of myself or of my child for Helping Hands Childcare promotion, including, but not limited to, print, audio, video, and web promotion. I also agree that any writing or other material in connection to Helping Hands Childcare (including any correspondence from my family) may be used in promotional materials.

I agree that such portraits, pictures, photographs, video and audio recordings shall

I agree that such portraits, pictures, photographs, video and audio recordings shall remain the property of Helping Hands Childcare, unless otherwise noted. In addition, I waive all claims to compensation or damages based on the use of my or my child's image, correspondence or voice, by Helping Hands Childcare. I also waive any right to inspect or approve the finished product.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding. I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form fully and understand its contents.

Parent/Guardian Signature:	Date:
Parent/Guardian Printed Name:	

#### Conditions of Use:

- I. Helping Hands Childcare will not include full names (which means first AND last name) of any person in an image or video on its websites or printed publications.
- 2. Only images of children that are suitable dressed will be used.
- 3. Personal information will not be used such as personal e-mail, postal address, and telephone numbers on video, websites or printed publications.

Child	Care	Provider	Signature	 Date:	
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