Family Child Care Partnerships

 FCCP Main Office Toll Free: 1-877-892-FCCP

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 Auburn, AL 36849 www.humsci.auburn.edu/fccp

Dear Parent or Guardian,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, your child care provider, and Family Child Care Partnerships at Auburn University request your permission to reproduce through printed, audio, visual, or electronic means images of your child engaged in activities as part of your provider’s participation in the FCCP program. Your authorization will enable us to use specially prepared materials to train other child care providers and child care professionals associated with the Family Child Care Partnerships program. Your provider also requests your permission to use your child’s images for the promotion of his/her program.

Some images may be published on the FCCP website, facebook, and various professional blogs to which FCCP staff contribute, but no identifying information will be associated with the image.

1. Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name of parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I, as a parent or guardian, of the above named student fully authorize and grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Family Child Care Partnerships and its authorized representatives, the right to print, photograph, record, and edit as desired the image, likeness, and/or voice of the above named child on audio, video, film, slide, or any other electronic and printed formats for the purposes stated or related to the above.
2. I understand and agree that the use of such recordings will be without any compensation to the child or the child’s parent.
3. I understand and agree that Family Child Care Partnerships and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the recordings.
4. I understand and agree that Family Child Care Partnerships and/or its authorized representatives including my provider shall have the unlimited right to use the recordings for any purposes stated or related to the above.
5. I hearby release and hold harmless Family Child Care Partnerships, Auburn University, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and all authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney’s fees, brought by the child and/or parent or guardian which may relate to or arise out of any use of these recordings as specified above.

**My signature shows that I have read and understand the release, and I agree to accept its provisions.**

4. Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Signature of Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Granting of permission is voluntary.**

Mentor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FCCP Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Managing Director