Family Child Care Partnerships



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Dear Provider,

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1. Name of provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I, fully authorize and grant Family Child Care Partnerships and its authorized representatives, the right to print, photograph, record, and edit as desired my image, likeness, and/or voice 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 my business or program.
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4. I understand and agree that Family Child Care Partnerships and/or its authorized representatives 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 myself 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 provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

6. Signature of mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Granting of permission is voluntary.**

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