

Little Beginnings Learning Center

Little Beginnings with BIG Futures!!!



Release of Liability

This release is made by

(parent/guardian's name) _____

whose address is _____

as the parent/guardian of (child's name) _____
of the same address.

In consideration of the permission granted by (parent/guardian) _____

for (child's name) _____ to attend Little Beginnings, and participate in the activities in the program, including field trips taken away from the premises. I hereby release and discharge Little Beginnings, its agents, volunteers, employees, and officers from all claims, demand, actions, judgements and executions which the undersigned's heirs, executors, administrators and assigns may have or claim to have against its successors or assigns to all personal injuries known or unknown, and injuries to property caused by or arising out of the above described attendance and activities.

In the unlikely event of an emergency, I give my permission for (child's name) _____ to be treated by an accredited physician in an approved clinic or hospital. I therefore designate adult chaperones for the group with the authority to act on my behalf and order appropriate treatment.

(parent/guardian signature) _____ (date) _____

Release of Photo or Video

I do I do not give my permission for my child _____

to be photographed or videotaped in the program, program functions and field trips and the photographs to be displayed. I understand that the photographs or video may be taken by school staff, professional photographers, news media, or other parents. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission.

(parent/guardian signature) _____ (date) _____