



AUTHORIZATIONS

CHILD'S NAME _____

PHOTOGRAPHY CONSENT

I give my permission to allow the photography of my child as part of his/her, and other children's, enrichment and enjoyment to be used only within the Nurturing Nook center.

Parent Signature

Date

I **do not** consent to the photography of my child.

Parent Signature

Date

MEDIA CONSENT

I give my permission to allow the filming, televising, tape recording or videotaping of my child as part of his/her, and other children's, enrichment and enjoyment. I am aware that these recordings may be published, broadcast, or telecast.

Parent Signature

Date

I **do not** consent to the filming, televising, tape recording, or videotaping of my child.

Parent Signature

Date

FACEBOOK CONSENT

I give permission to allow the posting of photos or videos of my child on the Nurturing Nook Facebook page. Children will not be identified by name on the Nurturing Nook Facebook page.

I hereby release and hold harmless The Nurturing Nook, its employees, and agents from liability for any adverse consequences associated with any photos or videos authorized herein.

Parent Signature

Date

I **do not** consent to photos or videos of my child being posted on Facebook.

Parent Signature

Date