**STEP BY STEP PRESCHOOL**
Photo/Video/Audio/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 Step by Step Preschool promotion, including (but not limited to) print, audio, video and web promotion. I also agree that any writing or other material in connection with Step by Step Preschool (including any correspondence from our family) may be used in promotional materials.

I agree that all such portraits, pictures, photographs, video and audio recordings shall remain the property of Step by Step Preschool, a ministry of Dix Hills Evangelical Free Church of Huntington, unless otherwise noted. In addition, I waive all claims to compensation or damages based on the usage of my or my child's image, correspondence or voice, by Step by Step Preschool, a ministry of Dix Hills Evangelical Church of Huntington. I also waive the 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 read this consent form and fully understand its contents.

Signature of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:
Print Name of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conditions of use:
1. Step by Step Preschool will not include full names (which means first AND last name) of any child or adult in an image or video, on our websites, or printed publications.
2. We will only use the images of children who are suitably dressed.
3. We will not include personal information of the children or adults such as e-mail, postal address, and telephone or fax numbers on our video, websites or printed publications.

Signature of Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Printed Name of Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_