

# Carbon County Child Development Programs

## Authorization, Release & Indemnity Agreement

In Consideration of \_\_\_\_\_  
Child's Name

To the Carbon County Child Development Programs, I do hereby give the Carbon County Child Development Programs and person/s operating on its behalf, my consent and permission to:

1. Yes\_\_\_\_\_ No\_\_\_\_\_ I hereby given permission to transport said child on a bus, walking or riding provided by Carbon County Child Development Programs on any field trip or excursion arranged for and carried out as part of the education and training for the said child.
2. Yes\_\_\_\_\_ No\_\_\_\_\_ I hereby give permission for my child's photo to be used publically to promote our program which may include but not limited to local newspapers, publications and shared with other community agencies. I understand that the images may be used in print publications, online publications, presentations, websites and social media platforms.
3. Yes\_\_\_\_\_ No\_\_\_\_\_ I hereby give permission for my child to be videotaped in the school setting. It is my understanding that such videotaping maybe shared with our education partners and will be for educational and training purposes only. This information will be shared on a secure website and will not use your child's last name.

- I (we) Understand that the above child will be screened using the appropriate health, mental health and academic screening tools.
- I hereby release Carbon County Child Development Programs, its agents, servants, successors, and assignees from any responsibility for accidental injury or illness that may occur to the above-named child while enrolled and participating in the program.
- I hereby give my permission for Carbon County Child Development Programs personnel to give emergency first-aid treatment and obtain, if necessary, medical treatment from a doctor and/or hospital for said child. This release is applicable to any emergency that may occur at any school related activity. I understand and agree that Carbon County Child Development Programs is not responsible for the processing or payment of insurance claims or payment for medical care.

Name of Family Physician\_\_\_\_\_

- I agree to indemnify and hold harmless the Carbon County Child Development Programs, its agents, servants, successors, and assignees, from any liability to third parties, in any way attributable to the conduct of said child.
- I understand it fully and do, for myself, individually, and as a parent or legal guardian for the said child hereby execute the same of my free will.
- I (we) have read the forgoing, which I understand to be AUTHORIZATION RELEASE AND INDEMNITY AGREEMENT.

\*I may revoke this permission at any time by sending a written request to the school.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date