



Child Care Center
5944 Fulton Drive NW
Canton, OH 44718
(330) 499-0500
info@cotlchildcare.com

MEDIA RELEASE

Child's Name _____ Date of _____

I, the undersigned parent/guardian of the above named child or ward, hereby give the express consent for this child to participate in photographs and/or interviews for promotional release including but not limited to photographic images on Church of the Lakes website. I, the undersigned parent/guardian of the above child further agree to exonerate and indemnify Church of the Lakes Childcare Center and its employees from any and all claims, actions, judgments, which may arise from media release.

_____ I only give permission for my child's picture to be taken for classroom purposes only

_____ No, I do not give permission for media/promotional release

***Media Release would constitute any photographs taken while your child is in attendance at Church of the Lakes Child Care Center. ***

RELEASE STATEMENT

I hereby accept all responsibility for, and assume the risk of any injury or damage to my person or dependent children, which might arise directly or indirectly as a result, and or participation in Church of the Lakes Child Care program. I hereby expressly release, discharge, and hold harmless from any liability whatsoever Church of the Lakes Child Care Center, expressly including, but not limited to, its owner and employees, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns. Church of the Lakes Child Care center is not responsible for misplaced, lost or stolen items.

Parent/Guardian Signature _____ Date _____