

List Child's Sister(s) and Birth Date(s)	List Child's Brother(s) and Birth Date(s)

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**Release for Use of Photograph/Video**

We ask for permission to use your photo and/or story in Stone Soup's promotional materials to promote our programs and organization.

I understand that if my child participates in the Stone Soup Fresno programs; his or her name and picture may be used in flyers, publications, videos, and other communications. I give my consent to Stone Soup to use my child's name and picture, together with factual statements concerning my child in flyers, publications, videos, and other communications.

I grant to Stone Soup Fresno the right to take photographs and/or videos of me and my family during any program I attend while at Stone Soup Fresno. I authorize Stone Soup Fresno, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Stone Soup Fresno may use such photographs and videos of me and my family with or without my name and for any lawful purpose, including for example such purposes as publicity and promotional uses in flyers, publications, on their website, and other communications to benefit the program and the organization.

I WAIVE and RELEASE for myself and child, our heirs, executors and assigns, all claims and right for claims for damages of any type or nature arising from or in connection with our participation in or association with Stone Soup Fresno.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

How did you hear about Stone Soup? \_\_\_\_\_

Check the following if you would like to receive information about Stone Soup's:

Other Programs \_\_\_ Events \_\_\_ Parent Opportunities \_\_\_ Volunteer Services \_\_\_

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**Office Use only:**

Check off the following items if copies have been collected:

Birth Certificate \_\_\_ Immunization Record \_\_\_ Health/Medical Insurance \_\_\_ Proof of Fresno County Residency \_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Attendance \_\_\_\_\_