## **Cottage Cove Annual Release and Authorization**

In permitting my child to attend Cottage Cove's program: I hereby grant permission for photographs or video which include my child, any quotes, written works, and/or art works created by my child to be used by Cottage Cove as deemed necessary and without remuneration. These materials may be utilized in media or public releases to promote Cottage Cove and in a fundraising capacity.

| Parent/Guardian Signature | Date |
|---------------------------|------|
|---------------------------|------|

## Cottage Cove Annual Release and Authorization

In permitting my child to attend Cottage Cove's program: I hereby grant permission for Cottage Cove to transport my child to or from Cottage Cove via a motorized vehicle driven by a suitably licensed driver. This authorization includes any automobile, van, or bus utilized by Cottage Cove; whether owned, rented, borrowed, or a personal owned staff vehicle. Transportation may include to and from your child's school, field trips and other outings originating from, or ended at, Cottage Cove and emergency transportation as required. It is Cottage Cove's policy to utilize booster seats for all children under the age of 9 unless height or weight restrictions qualify for a safety waiver. While Cottage Cove endeavors to maintain safety in transportation, Cottage Cove does not carry accident or travel insurance on program participants. I realize that I am responsible for any expenses that may arise, in regards to my child, due to any accident or mishap during transportation.

| Parent/Guardian Signature _ | Date |
|-----------------------------|------|
|                             | ·    |

## Cottage Cove Annual Release and Authorization

In permitting my child to attend Cottage Cove's program: I hereby grant permission for Cottage Cove to communicate with my child's teachers, school administration, or other school personnel in regards to my child. I fully authorize, and encourage, the school and it's employees to discuss my child, including their academic and behavioral performance, as well as medical information, with any staff member of Cottage Cove. I understand that information exchanged will be used to enhance the educational, behavioral, and medical wellbeing of my child.

| Student Name:                    | DOB:   |
|----------------------------------|--------|
| School Name:                     |        |
| School Year (i.e. 2010-2011): to |        |
| Parent/Guardian's Name:          |        |
| Parent/Guardian Signature        | _ Date |