

Parent/Guardian Names: _____ Centre _____

This release is to be completed by RisingOaks employees, students, volunteers and parents of children who attend RisingOaks Early Learning Ontario. It will remain in effect from the time of signing indefinitely. This information will be recorded in RisingOaks' database and your family or employment file. You may change your level of consent, or withdraw it completely - for future uses - at any time by submitting a new IR.1.

Name of individual who may be photographed or recorded: _____

Birth Date (if a minor): _____ *One sheet per child please*

In the course of learning activities undertaken at RisingOaks Early Learning, representatives of RisingOaks, staff, students, members, and non-member participants may take photographs or otherwise record events. These photographs and recordings are sometimes submitted to RisingOaks to be used to promote early learning. Please advise us if you are willing to have your own image and voice and/or your child or ward's image and voice used for promotional purposes by RisingOaks, as indicated below:

I, on my own behalf and/or on behalf of my child/ward, give permission to RisingOaks to photograph and record me and/or my child/ward's image and voice on still photographs, motion picture film, audio tape, video tape or digital media and to use this material, and/or similar material provided to RisingOaks by me or third parties involved in promoting RisingOaks' programs and services, in whole or in part, now and in the future, through the media of television, film, Internet, multi-media presentation, radio, audiotape, videotape, in printed form and display form for the promotion of RisingOaks. I, on my own behalf and/or on behalf of my child/ward assign and transfer to RisingOaks any and all proprietary rights, including copyright, and waive all personal rights, which I may have or my child/ward may have in this material.

RisingOaks is only responsible for official uses of photographs and recordings. Any personal uses by employees, students, members and non-members outside of the promotional uses outlined above are not monitored by nor the responsibility of RisingOaks. **Despite this, as a RisingOaks' family, you agree to not share group photos posted to the Parent App on social media or other public forums.**

NOTE: It is mandatory that you complete this section. Please check and sign to confirm your selection.

I, ON MY OWN BEHALF AND/OR ON BEHALF OF MY CHILD/WARD CONFIRM CONSENT AS FOLLOWS:

	PERMISSION OPTIONS	WHAT DOES THIS MEAN?
Choose only 1	<input type="checkbox"/> Full Release: I give permission/consent for all uses as specified above.	<i>We may post pictures or video including your child on our website, on Facebook, in radio or video ads for RisingOaks and any other such uses covered by the Consent statement above.</i>
	<input type="checkbox"/> Internal Release: I give permission/ consent for internal uses only, including the Parent App in use by RisingOaks.	<i>We will take individual photos of your child and include him/her in group photos with their class mates. These photos may be posted around the centre, become part of his/her own portfolio of learning, or as part of a group photo in another child's portfolio. Such photos may be posted in the Parent App. Photos of your child will not be posted by RisingOaks on social media, the website or in advertising.</i>
	<input type="checkbox"/> No Release: I DO NOT give my permission/consent to release photos of my child to anyone other than his/her parent/guardian.	<i>Wherever possible, your child will not be photographed. Should he/she be included in a group photo, your child will be cropped out of the image if it is used for internal or external promotion. You and/or your child will not be included in photos and documentation posted at the centre or in a class photo. Only individual photos of your child will be shared with you via the Parent App.</i>

Print Name of Adult: _____

Signature * _____
When completed electronically, typing your full legal name in the signature box constitutes your signature and is binding.

Relationship to child/ward, if applicable _____

Date _____

*When only one parent/guardian signs this form, he/she hereby confirms that such individual has been authorized by the other parent/guardian to sign this form on his or her behalf and RisingOaks Early Learning Ontario is authorized to accept the choices made by the undersigned as being the Consent Details of both parents/guardians.