

The Early Years, Inc  
**Permission to Use Sunscreen**

My child, \_\_\_\_\_, may have sunscreen applied to exposed skin areas before going outside on warm sunny days.

I will provide a sunscreen with a sun protection factor (SPF) of 15 or more (without PABA is recommend). Paba gives some children blotchy rashes.

I will mark my child's name on his/her sunscreen PLASTIC container with a permanent marker.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Photograph Release Form**

I hereby grant The Early Years, Inc, the following rights in consideration of their possible use of my photo or my child's photo or any material supplies by me or my child to be printed by The Early Years, Inc.

1. The Early Years, Inc may use my name or my child's name, likeness, biographical information and the material supplies by me or my child for all photo or printing purpose. The Early Years, Inc will have total ownership of the photos or that which is printed and the right to license others to copy of use materials.
2. The Early Years, Inc may use my name or my child's name, likeness, biographical information and the material supplies by me or my child for the purpose of adverting, publicity and promotion, but not as a direct endorsement of any products or service.
3. The Early Years, Inc use of my photograph or my child's photograph and/ or the material supplied by me or my child as described above will not violate rights of any person or organization and will not incur liability for payment to any person of organization.

By signing below I accept and agree with the terms stated above:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date