



## Bread of Life Christian Children's Center

2780 Lomita Blvd Torrance, CA 90505 | 310-602-0185 ext. 230 | Facility No. 19749538

### BOLCCC Permissions & Authorizations – ASC

As a parent/authorized representative of:

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

☐ Yes ☐ No **Release of Liability**

I hereby acknowledge that activities at BOLCCC Preschool involve risk of accidents or personal injuries and agree to release, waive, discharge, hold harmless and covenant NOT to sue Bread of Life Church, its board members, teachers, contractors, volunteers, administrative officers, employees and any other associated personnel, of and from any and all claims, actions and damages for accidents, personal injuries, emotional distress, disabilities or death that my child has or may have sustained as a result of participation in BOLCCC Preschool activities.

☐ Yes ☐ No **Medical Consent**

I authorize the staff of BOLCCC Preschool to secure any such emergency medical care that my child might require while under the supervision of the preschool. I also agree to accept responsibility for the cost and fees that might be incurred on any emergency medical treatment that has been authorized by the preschool for my child.

#### Permission for Pictures and Use

☐ Yes ☐ No **Advertising and Public Use**

I authorize my child to be included in photographs, videos, or other media that may be used for advertising, marketing, or promotional purposes for BOLCCC Preschool. Any such material will be taken and managed under the supervision of Preschool staff and will reflect only the programs and activities of BOLCCC Preschool.

☐ Yes ☐ No **Internal Use and Brightwheel Updates**

I authorize my child to be included in photographs, videos, or other media for internal use within BOLCCC Preschool, including classroom documentation and Brightwheel updates that may appear on other students' feeds. These materials will not be used for external advertising or public promotion and will be administered under the supervision of Preschool staff.

Parent/Authorized Representative Name: \_\_\_\_\_

Parent/Authorized Representative Signature \_\_\_\_\_

Date \_\_\_\_\_