CreativeConnections
Empowering Student Voices Globally

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

Student Name: _____ School: _____

Creative Connections periodically receives attention from newspapers, magazines, radio and TV stations; asking to take pictures, do interviews and audio and video record portions of our programs. This exposure is of great benefit to Creative Connections as a whole and brings awareness for global competency and cultural education. We need legal permission to do these things and ask you to read and respond to the information below. Creative Connections will never include the full name or contact information of the child alongside an image.

I, _____, as the legal parent or guardian of _____ (hereinafter referred to as the "Minor Child"), hereby grant Creative Connections (hereinafter referred to as the "Organization"), permission to use my Minor Child's first name, likeness, voice, and any content or material produced by them, including but not limited to artwork, photographs, video and audio recordings, and written testimonials, for the purposes of social media promotion and marketing, without any compensation. I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

I understand that the content created or captured remains the property of the Organization, and I waive any claims to compensation for its use. I understand that I may revoke this consent in writing at any time, but such revocation will not affect any actions taken by the Organization prior to receiving written notice of revocation. I also hereby release Creative Connections and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I have read and understood the terms and conditions of this media release form on behalf of my Minor Child and agree to be bound by them. I am the legal parent or guardian of the Minor Child and have the authority to grant this release.

Signature of Parent/Guardian *(if student is under 18):* _____
Date: _____
Address of Parent/Guardian:

_____

Signature of Student *(if 18 or over*): _____
Date: _____
Address of Student:
_____

Contact Email: _____