



SPAULDING ACADEMY & FAMILY SERVICES **RELEASE FOR USE OF LIKENESS, PHOTO, VIDEO OR AUDIOTAPE**

Instructions: Please read carefully, check the appropriate answers and sign at the bottom of the page.

As parent/guardian of _____, I agree to the following:
(Print student name)

1. USE OF PHOTO IN MEMORY BOOKS

Spaulding Academy & Family Services staff creates and presents a Memory Book to each student at discharge. Much like a yearbook, the Memory Book contains photos of the student and group photos and candid photos of student with other students, staff and others. As a result, your student's photo might appear in another student's memory book.

I consent to the use of photographs of my student in the memory book. ☐ Yes ☐ No

2. USE OF PHOTO, VIDEO OR AUDIO FOR TRAINING PURPOSES

I authorize Spaulding Academy & Family Services to photograph, videotape or audiotape my student for use in training teachers, parents, interns, volunteers or staff members.

☐ Yes ☐ No

I authorize Spaulding Academy & Family Services to photograph, videotape or audiotape my student for use in training teachers, parents, interns, volunteers or other professionals not employed by Spaulding Academy & Family Services who are attending courses or seminars conducted by Spaulding Academy & Family Services staff.

☐ Yes ☐ No

3. Use of Photo, Video or Audiotape for Public Relations

I authorize Spaulding Academy & Family Services to use photos, video or audiotapes of my student for publication in the newsletter, annual report, brochures, promotional materials, videos, website, social media sites or other public media for publicity, fundraising and other public relations purposes.

☐ Yes ☐ No

4. Use of photo or video recordings for visual communication supports

I authorize Spaulding Academy & Family Services to use photos or video recordings of my student for the purpose of assisting with the communication of other students on campus through visual supports. These supports may include but not be limited to high-tech assistive communication devices (e.g. iPad), low-tech communication devices (e.g. communication book with icons), video modeling, social stories, schedules, visual sequences, or other visual supports. All photos and videos of my student will be taken by and stored on devices owned by Spaulding Academy & Family Services and will be saved within the school's secure network.

☐ Yes ☐ No

I hereby grant to Spaulding Academy & Family Services in perpetuity all copyright and other intellectual property rights that I have with respect to my student's image or any of my statements in any of the foregoing.

Print parent/legal guardian's name: _____

Signature of parent/legal guardian: _____ Date: _____

Print Witness' Name _____

Witness' Signature: _____ Date: _____