

# AUTHORIZATION TO DISCLOSE PHOTOGRAPHIC AND VIDEO IMAGES OF STUDENT for Red Ribbon Staff/Student Photo – October 2023

*Pace School Programs use photographs of students and events in its publications and on its web site. Your signature on this form will grant Pace School ("Pace") permission to use yourchild's photo or video image.*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize Pace School to use photographic or video images taken of my child and to use and publish such images for the purposes of promoting, publicizing, and advertising Pace School's participation in the school wide photo on October 24, 2023, for Red Ribbon Week.

I expressly release Pace School from any claim for financial compensation now and in the future arising out of the use of the photographic images in accordance with this permission and release.

I expressly acknowledge and agree that all rights in the said photographs including the copyright therein and the ownership of the digital images belong to Pace School.

I understands that, pursuant to and depending upon the authorization granted on this form, Pace School may use these images in websites and social media.

I hereby grant permission to Pace School to use photographic and images/videos of \_\_\_\_\_  
for the following purposes:

External use (includes but not limited to):

- Promotion of Red Ribbon Staff/Student Photo – October 2023

I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to Pace School. I understand that the revocation will not apply to photographic or video images that have already been released in response to this authorization.

I understand that authorizing the disclosure of the photographic and video images covered by this authorization is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment or participation in any program offered by Pace. I understand that I may inspect or copy the photographic and/or video images to be used or disclosed, as provided in 45 CFR § 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure, and that the information may not be protected by federal confidentiality rules.

**STUDENT:** Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN:** Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_