AUTHORIZATION TO DISCLOSE PHOTOGRAPHIC AND VIDEO IMAGES OF STUDENT

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 your child'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 and its programs and services to benefit children.

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 understand that, pursuant to and depending upon the authorization granted on this form, Pace School may use these images in newspapers, newsletters, brochures, websites, social media, and other materials and may grant to others the right to use the photographic images so long as it is for the benefit of Pace School and in a manner which is controlled and authorized by Pace School.

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

☐ Internal use (includes but not limited to):

- Bulletin Boards
- End of year slide show
- Yearbook

☐ External use (includes but not limited to):

- Printed Materials (brochures, newsletters, annual reports, marketing materials both in print and online)
- Newspaper and Magazine articles (both in print and online)
- Pace School websites
- Social Media outlets (facebook, twitter, youtube, linkedin)

☐ Use by third-parties specifically authorized by Pace and in a manner controlled by Pace.

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.

Unless otherwise revoked, this authorization will remain in effect after my student ceases to be enrolled at Pace.

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 insure 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.

Name (Please print):_____

Signature:_____

Date:_____

Phone:_____

Email Address:_____

Relationship to Student:_____