

Name of Child: _____ *



UTAH SCHOOLS FOR THE DEAF AND THE BLIND

Photo and Video Release Form

Photo/Video Release: Utah Schools for the Deaf and the Blind (USDB) would like to share your child's success stories via our weekly newsletter, website, USDB social media sites, and/or possibly the news media. This release form will allow photos and videos to be shared for the following purposes:

- To promote programs and raise awareness to statewide programs and activities.
- For promotional use to recruit new teachers of the visually impaired or hard of hearing.
- For news media outlets to share stories about our agency, schools, and programs.
- For evaluation and educational purposes.

Regarding the use of photos and videos which include your **child**, please check the appropriate line below:

Yes, I do consent to photo/video release, including evaluation and education purposes, social media, news releases and the USDB newsletter. _____

Yes, but **only** for evaluation and education purposes (not social media, news releases or the USDB newsletter.) _____

I do **not** consent to photo video release _____

Regarding the use of photos and videos which include your entire **family**, please check the appropriate line below:

Yes, I do consent to photo/video release, including evaluation and education purposes, social media, news releases and the USDB newsletter. _____

Yes, but **only** for evaluation and education purposes (not social media, news releases or the USDB newsletter.) _____

I do **not** consent to photo video release. _____

Name of Parent or Guardian

Signature of Parent or Guardian

Date (mm/dd/yyyy)