SCULLY LEARNING CENTER FOUNDATION CONSENT FOR USE OF DIGITAL MEDIA FORM

Participant Name: _____

RELEASE TO BE COMPLETED BY PARENT/GUARDIAN OR ADULT PARTICIPANT WHO IS THEIR OWN LEGAL GUARDIAN

I, the Parent/Guardian or Adult Participant hereby grant permission for digital photographs and video recordings to be taken as part of my participation in Scully Learning Center Foundation (SLCF) events and activities. I understand and give permission for SLCF to use my pictures and video recordings in foundation related social media posts such as Facebook and Twitter, on their website and in printed promotional materials such as brochures and flyers. I understand SLCF will take measures to remove any identifiable information and will not use my name in any publications unless I provide explicit permission.

I understand any photos published online may be seen and accessed globally. I understand that once my photo is posted on the SLCF website, the image could possibly be downloaded by a third party. I agree that I will not hold SLCF responsible for any harm that may arise from such unauthorized reproduction.

I understand photos and video recordings are stored securely and may be re-used multiple times by Scully Learning Center Foundation.

I understand I have the right to withdrawal my consent at any time. I understand I can withdrawal my consent by contacting any Board Member in writing (preferred) or verbally. Upon withdrawal of my consent, SLCF will stop using my photos and video recordings straight away. I understand any previously published photos or recordings cannot be withdrawn and materials published online, although withdrawn may still be accessible on the internet.

To be completed by Parent/Guardian:
I, the Parent/Guardian of this participant, hereby give my permission for Scully Learning Center Foundation to use photos or video recordings in the manner outlined above. By signing, I am saying that I agree to the provisions of this release.

Signature: _____

Print Name: _____

Date: _____

OR

To be completed by Adult Participant (Own Guardian):
I, the Parent/Guardian of this participant, hereby give my permission for Scully Learning Center Foundation to use photos or video recordings in the manner outlined above. By signing, I am saying that I agree to the provisions of this release.

Signature: _____

Print Name: _____

Date: _____