

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.

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 \_\_\_\_\_

I do **not** consent to photo video release \_\_\_\_\_

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

Yes, I do consent to photo/video release \_\_\_\_\_

I do **not** consent to photo video release \_\_\_\_\_

Regarding the use of photos and videos on **social media**, news release and USDB newsletter, please check the appropriate line below:

Yes, I do consent to photo/video release \_\_\_\_\_

I do **not** consent to photo video release \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date (mm/dd/yyyy)