

SPAULDING ACADEMY & FAMILY SERVICES RELEASE FOR USE OF LIKENESS, PHOTO, VIDEO OR AUDIOTAPE

| Instructions: Please read carefull | y, check the appropriate answe | ers and sign at t | the bottom of | the page. | |
|--|--|--|---|---|---|
| As parent/guardian of | (Print student name) | , I agree to | o the followin | g: | |
| 1. USE OF PHOTO IN MEN | | | | | |
| Spaulding Academy & Family Ser yearbook, the Memory Book con students, staff and others. As a re | ntains photos of the student an | d group photos | and candid p | hotos of stu | dent with other |
| I consent to the use of photograp | ohs of my student in the memo | ory book | Yes | No |) |
| 2. USE OF PHOTO, VIDEO | OR AUDIO FOR TRAIN | ING PURPOS | SES | | |
| I authorize Spaulding Academy & teachers, parents, interns, volunte | | | r audiotape m Yes | | _ |
| I authorize Spaulding Academy & teachers, parents, interns, volunte attending courses or seminars co. | eers or other professionals not | ph, videotape or employed by S | r audiotape m paulding Acad | y student for | use in training |
| | | _ | Yes | No | |
| 3. Use of Photo, Video or Aud | diotape for Public Relations | | | | |
| I authorize Spaulding Academy & newsletter, annual report, brochu publicity, fundraising and other p | ires, promotional materials, vic | deos, website, so | ocial media sit | tes or other p | public media for |
| 4. Use of photo or video record | dings for visual communicat | | Yes | N |) |
| - | | | | | |
| I authorize Spaulding Academy & with the communication of other to high-tech assistive communications), video modeling, social sto student will be taken by and store school's secure network. | r students on campus through ation devices (e.g. iPad), low-te ories, schedules, visual sequence | visual supports ech communicat es, or other visu | . These supportion devices (eagle supports. A | orts may inclue.g. communi All photos an | ide but not be limited ication book with d videos of my be saved within the |
| I hereby grant to Spaulding Acad have with respect to my student's | | | | r intellectual | property rights that I |
| Print parent/legal guardian's nam | ne: | | | | |
| Signature of parent/legal guardia | n: | | | Date: | |
| Print Witness' Name | | | | | |
| Witness' Signature: | | | | Date: | |
| REVISED: 08-25-2020 *The | e responses on this form must | t be entere <u>d o</u> r | n SharePoint | by the Adm | issions Department. |