

Parent/Guardian Publicity Authorization and Release

The Frostig Center requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your student has participated in his/her education program. Your authorization will enable us to use specially prepared materials to increase public awareness and promote continuation and improvement of our programs through the use of mass media, newsprint, displays, brochures, websites, etc.

Student's Name: _____

Parent's/Guardian's Name: _____

I, as a parent or guardian of the above named student, fully authorize and grant The Frostig Center and its authorized representatives the right to print, photograph, record, and edit as desired, the image, likeness, and/or voice of the above named student on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

I understand and agree that use of such Recordings will be without any compensation to the student or the student's parent or guardian.

I understand and agree that The Frostig Center and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.

My signature shows that I have read and understand the release, and accept its provisions. **I agree** **I do NOT agree to**

Parent's/Guardian's Signature: _____ Date Signed: _____
(Your typed name serves as your signature)

I also agree do NOT agree to allow The Frostig Center to identify the Recordings by providing my student's name.

Parent/Guardian Signature: _____ Date Signed: _____
(Your typed name serves as your signature)