



Active Learning Space | www.activelearningspace.org

Permission to Use Photo, Video and Audio Recordings

This permission is for (Printed Name): _____

I am the person listed above and I am 18 or older: Date of Birth: _____

I am the guardian/parent of the person listed above: Printed Name _____

Photographs and video and audio recordings of the person named above might be used for the following purposes:

Sharing information within TSBVI or with local service providers; training for parents and professionals; marketing of TSBVI programs; increasing public awareness of blindness; and/or other educational purposes

Photographs and video and audio recordings may be used in the following venues and media:

TSBVI approved websites (Active Learning Space) and partner websites (e.g., Penrickton Center for Blind Children, Perkins e-Learning) ; workshop and conference presentations; electronic or print publications; CDs, DVDs, or related electronic storage devices; training presented through videoconference or educational broadcast; official reports prepared by TSBVI

By signing below, I understand and acknowledge that:

No monetary consideration shall be paid to me, or to the child, or to the adult's guardian for the use of the photo and video and audio recordings; permission is given without coercion or duress; this agreement is binding upon my heirs and/or future legal representatives; this permission remains in effect until such time as I notify TSBVI in writing that I wish to revoke it for future projects; I am the person named above, or I am the parent/guardian of the child/adult named above; I hereby waive any copyright interest that I might have in such photograph or photographs; I hereby waive any ownership rights that I might have in such photograph or photographs; no photographs or recordings will be used for the financial or personal benefit of any individual and/or groups or private companies.

I give permission to Texas School for the Blind and Visually Impaired for use of photo, video and audio recording.

Yes

No

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone (____) _____