



Media Release

Paths to Literacy is a collaboration between the Texas School for the Blind and Visually Impaired (TSBVI) and Perkins School for the Blind. For that purpose, we request this permission for you, your child, or an adult or child for whom you are the guardian/agent.

SCHOOL FOR THE BLIND

eLEARNING

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 that may contain personally identifiable information may be used for the following purposes:

Sharing information on the Paths to Literacy website <u>http://www.pathstoliteracy.org/</u>; training for parents and professionals; marketing of Paths to Literacy; 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:

Paths to Literacy http://www.pathstoliteracy.org/ and partner websites (Perkins School for the Blind and TSBVI); workshop and conference presentations; electronic or print publications; all analog and digital formats; CDs, DVDs, or related electronic storage devices; training presented through videoconference or educational broadcast.

By signing below, I understand and acknowledge that:

No monetary consideration shall be paid to me, or to the student, or to the student's parent/guardian or agent 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 Paths to Literacy in writing that I wish to revoke it for future projects; I hereby waive any copyright interest that I might have in such photograph or recordings; no photographs or recordings will be used for the financial profit of any individual and/or groups or private companies.

□ Ye □ No	5 1 5 1 7
Signature	Date
Address	CityStateZip
Email Address	Phone ()

