



Authorization for Release of Photography, Video, and Written Testimonials

Child's Name

DOB

Age

Father/Custodian's Name

Mother/Custodian's Name

By signing below I give full permission and authorization is hereby granted to River Oaks Academy, and its duly appointed representatives, the irrevocable and unrestricted right to use all photographic, video, digital images, any other likenesses, and the attached written testimonials of my child and/or myself without compensation for the following purposes: (please initial next to each statement you agree to)

- _____ Use in print or electronic form in River Oaks Academy publications, including: newsletters/bulletins, brochures, website www.riveroaksacademy.com, and any other company print or electronic materials for educational, training, public relations, presentations, or promotional purposes.
- _____ Use in promotional and instructional videos to be distributed through River Oaks Academy website www.riveroaksacademy.com, and for educational, training, presentations, public relations, or other promotional purposes of River Oaks Academy and its associates.
- _____ Use in print or electronic form in River Oaks Academy advertising in newspapers/bulletins, magazines, radio, brochures, fliers, television, and internet promotion.
- _____ Use in River Oaks Academy education and training activities and materials, including print, online, or electronic instructional materials.
- _____ Educational and training observations.
- _____ Use in pictures/posters about River Oaks Academy facilities.
- _____ The first name of my child may be used in connection with the above.
- _____ My first and last name may be used in connection with the attached testimonial(s).

I/We understand that the images and written testimonials described above may be included in, copied, and distributed by means of various print or electronic media.

River Oaks Academy will not condition enrollment or eligibility for services or benefits on the execution of this Authorization. I understand that the images and testimonials may be subject to redisclosure by the person or entity receiving such information and thus will no longer be protected by federal privacy regulations.

This Authorization is given without promise of compensation. The photos, video images or other likenesses and the attached testimonials specified above become the property of River Oaks Academy and I release to River Oaks Academy any right, title and/or interest of any kind that I and/or my child may have in the information or images produced.

By signing this form, I/We release River Oaks Academy, their staff, and associates of any legal requirements and fully understand that we are leaving our discretion of released materials up to River Oaks Academy. I also agree that this is a legally binding form, and providing false information could be grounds for termination of River Oaks Academy services, forfeiture of retainer, or both.

I/We have read this document and understand its contents.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

The authorization must be signed and dated and a copy provided to the individual completing the form.