



a learning path for unique minds

Authorization for Photograph OR Videotaping

- I give my permission, as indicated by my signature below, to **Academe!** to photograph or video my child named below, to appear in photographs, slides, or video for the following purposes:
- ✓ May be used as part of an assessment or intervention with a client or a client and parent working with **Academe!**.
 - ✓ May be used for educational purposes for staff and/or students.
 - ✓ May be used to share with the child and/or family of the child.
 - ✓ May be used for advertising in printed and digital sources.

I waive all edit rights and declare that **Academe!** may determine the best use without further consent from me. I agree that I am receiving no financial compensation for the use of this material, nor will I receive any compensation in the future.

I hereby release **Academe!** from any liability that may arise as a result of the use of this material.

- I do not consent for my child to be photographed or videoed, as indicated by my signature below.

Student Name

DOB

Parent/Guardian Signature

Date

Print Name

Relationship