



A Shared Vision

Partners in Pediatric Blindness and Visual Impairment

Photo Release

The basic request:

I give permission to “A Shared Vision” to use my image and my child’s picture and video. I understand this is voluntary and that I will not be compensated. Our intent is to help educate the community regarding our organization and the services we provide to families of children who are blind or visually impaired.

The legal language:

I hereby authorize a “A Shared Vision: Partners in Pediatric Blindness and Visual Impairment” to use my image and my child’s image in photographs and video in print publications, online publications, presentations, websites and social media.

I acknowledge that since my participation with “A Shared Vision” is voluntary, I understand that I will receive no compensation, royalty, fee or other compensation for such use.

I hereby irrevocably authorize “A Shared Vision” to edit, alter, copy, exhibit, publish or distribute the photo for purposes of publicizing “A Shared Vision’s” programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or my child’s likeness appears. Additionally, I waive my right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge “A Shared Vision” from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reasons of this authorization.

I am at least 18 years of age and am competent to contract in my own name and on behalf of my child. I have read this release before signing and I fully understand the contents, meaning, and impact of this release.

I give my permission I do NOT give my permission

Parent/Guardian’s Name: _____

Child’s Name (include ALL names to be covered by this release):

Parent/Guardian’s signature: _____

Date: _____

Phone Number: _____