



Texas School for the Blind and Visually Impaired

www.tsbvi.edu | 512-454-8631 | 1100 W. 45th St. | Austin, TX 78756

Media Release for (Printed Name): _____

Check your relationship to person: Parent/Guardian Self (If Self Enter Date of Birth: _____)

PERMISSION TO USE PHOTO, VIDEO AND AUDIO RECORDINGS

The Texas School for the Blind and Visually Impaired (TSBVI) serves as a statewide and national resource and provides training related to blindness and deafblindness. For that purpose, TSBVI would like permission to use photographs and video and audio recordings of you, your child, or an adult for whom you are the guardian.

These photographs and video and audio recordings 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.

TSBVI may use photographs and video and audio recordings in the following venues and media:

- TSBVI approved websites and partner websites
- TSBVI 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

Permission

By signature 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.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Yes | I give permission to Texas School for the Blind and Visually Impaired |
| <input type="checkbox"/> No | for use of photo, video and audio recordings as described above. |

Printed Name of Parent/Guardian: _____

Signature

Date

Address Street City State Zip Code

Email address

(_____)_____
Phone