**Colorado Center for the Blind**

**National Federation of the Blind**

## Media/Social Media Release Effective 3/1/16

1. I understand that I may be photographed, videotaped, recorded and/or interviewed for print, online or other distribution while a student/participant at the Colorado Center for the Blind.
2. I grant permission to the Colorado Center for the Blind to allow said video, photo, audio, film likeness or interview to be used or released to others for any legitimate purpose by the Colorado Center for the Blind or National Federation of the Blind.
3. I further grant permission for my image to be posted to social media such as Face Book, Twitter and others that may be used by the Colorado Center for the Blind and the National Federation of the Blind.

**If Participant is 18 years of age or older:**

\_\_\_\_\_ No, I do not grant permission for my image, likeness or voice to be shared.

\_\_\_\_\_ Yes, I give permission to the Colorado Center for the Blind and the National Federation of the Blind to use media containing my image, recorded voice, etc. as detailed above.

Participant Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Participant is under age 18:**

\_\_\_\_\_ No, I do not grant permission for my image, likeness or voice or my child’s image, likeness or voice to be shared.

\_\_\_\_\_ Yes, I give permission to the Colorado Center for the Blind and the National Federation of the Blind to use media containing (please check all that apply):

\_\_\_\_\_\_\_My image, recorded voice, etc. as detailed above and/or

\_\_\_\_\_\_\_My child’s image, recorded voice, etc. as detailed above

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_