



**Authorization for Photography, Audio and Video Recordings
For Publicity, Marketing and Fundraising Purposes**

FOR NON-ELWYN EMPLOYEES

(students, former students, residents, family members, participants in work/day programs, volunteers)

I hereby authorize Elwyn, any of its affiliated entities or media representatives to create, use, distribute and publish (electronically and otherwise) photographs, videotapes, digital and other images and/or audio recordings of my (or my child or an individual for whom I am a substitute decision maker) image and/or voice for the reasons described below:

- For fundraising purposes
- For marketing purposes
- For publicity or public relations purposes
- For educational purposes

I understand that my name, picture or other details that would disclose identity may be revealed.

I understand that Elwyn (or the Elwyn affiliate or media company creating the image or recording) will own these images and recordings and that I (or my child or an individual for whom I am a substitute decision maker) will not be entitled to any royalties or other compensation for authorized uses thereof. I further understand that these images and recordings may be re-disclosed by third-parties who receive them pursuant to the terms of this authorization.

This Authorization shall be valid for one (1) year unless revoked by me. I may revoke or withdraw this Authorization at any time by notifying _____ at _____. Such withdrawal of Authorization must be made in writing. Withdrawal of Authorization does not affect any information disclosed prior to the written notice of withdrawal. ***Please note, Elwyn’s Early Learning Services and Education Divisions (including Davidson School and Development Center) will follow the school calendar year. The information provided on this consent form will be valid from September 1 - August 31, unless the parent/legal guardian rescinds this consent.**

I release and hold harmless Elwyn, its staff and employees from any and all claims or causes of action that I may have of any nature whatsoever, which may in any manner result from the use of the image and/or recording.

By signing below, I am indicating that I have read and understand the “Authorization for Photography and Audio and Video Recordings for Publicity, Marketing and Fundraising Purposes” form. I am a volunteer, a student, a former student, resident, family member, participant in a work or day program, or have the authority to give Authorization for this person. My questions regarding this Authorization have been answered.

_____ I request that you do not interview or photograph me.

Name (Printed Name)

Name (Signature)

Student (if 18 years of age or older)

Date

Parent/Legal Guardian (Printed Name)

Parent/Legal Guardian (Signature)