



**COPE FARM SCHOOL**  
A Program of the Stand Tall  
Foundation

East Patchogue, New York

[www.copefarmschool.org](http://www.copefarmschool.org)

## PHOTO, VIDEO & MEDIA CONSENT AND RELEASE FORM

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### 1. PURPOSE

Cope Farm School, a program of the Stand Tall Foundation (“Organization”), may capture and use photographs, video recordings, audio recordings, and other media of participants for educational, promotional, and informational purposes.

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### 2. CONSENT & RELEASE

I hereby grant permission to the Organization, its affiliates, representatives, employees, and authorized agents:

- To photograph, video record, and/or audio record me and/or my child
- To use, reproduce, publish, display, and distribute such media

This includes use in:

- Websites and social media
- Marketing and promotional materials
- Educational content
- Print publications and advertisements

I understand that:

- These materials may be used without further notice or approval
  - No compensation will be provided
  - Media may be used in perpetuity unless revoked in writing
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**3. WAIVER OF RIGHTS**

I waive any right to:

- Inspect or approve the final media
- Receive royalties or compensation
- Make claims related to use of the media

I release and hold harmless the Organization from:

- Any claims, demands, or liabilities arising from use of such media
- Including claims related to privacy, publicity, or likeness

**4. REPRESENTATIONS**

I certify that:

- I am 18 years of age or older, OR
- I am the parent/legal guardian of the minor listed below

I have full legal authority to grant this consent.

I further confirm that:

- This consent does not violate any third-party rights
- All information provided is accurate

**5. OPTIONAL LIMITATIONS (IF ANY)**

Please indicate any restrictions (if applicable):

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(If none, write "None")

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**6. REVOCATION**

I understand that I may revoke this consent in writing at any time, however:

- Revocation will not apply to materials already produced or published
- Reasonable time will be required to cease future use

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**7. GOVERNING LAW**

This agreement shall be governed by the laws of the State of New York, with venue in Suffolk County, New York.

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**8. PARTICIPANT INFORMATION**

Participant Name: \_\_\_\_\_

Age (if minor): \_\_\_\_\_

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**9. SIGNATURE**

If Adult Participant:

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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If Minor Participant:

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

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

Relationship to Minor: \_\_\_\_\_

Date: \_\_\_\_\_