



RAY OF HOPE INTERNATIONAL

3108 Abelia Road, Richmond, VA 23228

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Ray of Hope International to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Ray of Hope International website.

- ☐ Deny permission to use my child's image at all.
- ☐ Grant permission to use my child's image in the following ways (mark all that apply):
 - ☐ Limited usage: I want my child's image used within the Ray of Hope International setting only (not in the larger community).
 - ☐ Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Ray of Hope International or in the larger community.
 - ☐ Limited usage: I want my child's image used on printed materials only (no digital or video use).
 - ☐ Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Ray of Hope International for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature _____

Date _____

Please make a copy of this form for your own records and mail the original to:

*Ray of Hope International Inc.
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