

Vantage Point Inc Photo and Media Release and Authorization

INSTRUCTIONS: This form should be completed and signed by an individual 18 years of age or older, or his or her conservator (if applicable), whenever photographs or video images of the individual are made or used.

I _____ authorize and permit Vantage Point Inc. to obtain, use, and disclose my personal photograph or video, in any and all of its educational or promotional activities without compensation. I understand these materials become property of Vantage Point Inc. and will not be returned.

Vantage Point Inc. is limited to obtain and use a photograph or video that includes:

___ My Name

___ My likeness or image in a photograph or video

Vantage Point Inc. can use the above identified photograph or video in the following educational or promotional activities:

___ Educational Publications/Videos

___ Electronic Publishing (internet)

___ Promotion/Advertising

___ Local/Regional/National News

I authorize Vantage Point Inc. to copy, exhibit, disclose, post, publish, distribute, or other methods my photograph or video for purposes of publicizing, promoting, or advertising the Vantage Point Inc's vocational programs, mission, values and principles, or for any other lawful purpose. In addition, I have the right to inspect or approve the finished product on any media (e.g., paper, electronic) wherein my likeness or information is disclosed.

I hereby hold harmless and release and forever discharge the Vantage Point Inc. and its affiliates and agents from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization, that may arise from the use of the individual's personal information, photograph, and/or video or from its unauthorized reproduction or distribution, including, but not limited to, any claims of defamation, invasion of privacy, rights of publicity, or copyright.

This release shall remain valid for 90 days from the date of signature, unless otherwise another date is specified:

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Individual Name	
Individual Signature	Date

I declare that I am the parent or legal guardian of the minor child, or the appointed conservator of the adult named above and I have the legal right to consent to the terms of this authorization. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Parent/Legal Guardian/Conservator Name	
Signature	Date

Privacy Statement: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a(e)(3)) require this notice to be provided to individuals when collecting personal information. The information requested on this form, including medical information (e.g., disability) is voluntary and intended for departmental promotional activities and publication.