



# Photo, Video and Internet Release Form

## CONSENT, WAIVER AND RELEASE

For and in consideration of benefits to be derived from the furtherance of the educational programs of UCP of Central Florida, (I) (We), personally and on behalf of \_\_\_\_\_ the undersigned parent(s) or legal guardians of \_\_\_\_\_, a student/client entered in the UCP of Central Florida school or therapy system, do hereby consent, authorize and grant permission to UCP of Central Florida, its agents, employees or duly authorized representatives to take photographs, motion pictures or video tapes of said student/client, and do further consent to the publication, circulation and dissemination of said photographs, motion pictures or video tapes or any duplication or facsimile thereof for any purposes it may deem proper, including but not limited to use on the internet . In granting such permission, (I) (We) hereby relinquish and give to UCP of Central Florida, all right, title and interest (I) (We) may have in the pictures, negatives, reproductions or copies, and further waive any and all right to approve the use of such photographs, motion pictures or video footage and further do waive any right to compensation for the publication or other use of said photographs, motion pictures or video footage and do release UCP of Central Florida, its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use without limitation, in perpetuity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permanent Address (Number/Street, City, State, Zip Code)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cell Phone

UCP Campus: \_\_\_\_\_

Teacher: \_\_\_\_\_

Classroom Name: \_\_\_\_\_

Grade: \_\_\_\_\_