



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

I hereby consent and authorize the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes. Any such Recordings may reveal my identity through the image itself without any compensation to me, my children or my wards.

Any and all Recordings taken of me shall be the sole property of The Children's Trust.

With regard to the use of any Recordings taken of me, my children or my wards, I hereby waive any and all present and future claims I may have against The Children's Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.

Signature of Parent or Guardian

Signature of Witness

Date

Date