



Connections Beyond Sight and Sound

Maryland & DC Deaf-blind Project
University of Maryland, CHSE Department
1220 Benjamin Building, College Park, MD 20742
www.CBSS.UMD.edu 301-405-0482

PHOTO AND VIDEO RELEASE

Family

Date: _____

General Photo Release

_____ I grant permission to *Connections Beyond Sight and Sound* to take photos and video recordings of my child(ren), myself and my spouse/partner for the purpose of documentation and dissemination of project information. I understand that these photographs may be published in a brochure or newsletter for the *Connections* project, or may appear on the CBSS website. Further, I understand that photographs, or videotape recordings, which include myself and/or other members of my family may be used to document project activities for data collection purposes, information dissemination, training, and/or fundraising.

Specific Event or Activity Photo Release

_____ I grant permission to *Connections Beyond Sight and Sound* to take photos and video recordings of my child(ren), myself and my spouse/partner for the purpose of assessments and information sharing among my child's education team and/or participants of the following training event or outreach activity:

Name of event/activity: _____

Date(s) of event/activity: _____

Use of Names

_____ I **do grant permission** for my child's name to be used in a photo caption (if relevant).

_____ I **do not grant permission** for my child's name to be used in a photo caption (if relevant).

Parent/Guardian Name (please print)

Parent/Guardian Signature

Child(ren)'s Name(s)