Release of Photographic Image

I ________________________, parent/guardian of ______________________ hereby either DO or DO NOT give permission for the use of my child’s personal photographic image(s) and/or video recording(s) for the following purposes:

Please initial I DO or I DO NOT for each selection below:

_____ I DO _____ I DO NOT give permission for my child’s photographic image(s) and/or video recording(s) to be used in the classroom, SDSU Children’s Center e-mails or for general Center internal use and used for student study and observation purposes (students are not allowed to use children’s names).

_____ I DO _____ I DO NOT give permission for my child’s photographic image(s) and/or video recording(s) to be used in publicity or promotional materials including the Associated Students of SDSU website, SDSU Children’s Center website, SDSU Children’s Center social media pages and news media.

An initial of “I DO” gives permission and will represent a release agreement and is intended to discharge the State of California, Trustees of the San Diego State University, California State University, San Diego State University, Associated Students of SDSU as well as officers, employees, students and volunteers of each from and against any and all liability arising out of or connected in any way with my release of photographic image(s) and/or video recording(s) even though that liability may arise out of the negligence or carelessness on the part of persons or agencies mentioned above, when applicable.

I understand that institutional data (including photographic images/video recordings) may be protected under state and/or federal privacy acts, nevertheless, by initialing “I DO” I agree to assume the risks of authorizing SDSU Children’s Center to use my child’s image and release and hold harmless any of the persons or agencies who might otherwise be liable to me for damages.

I have read the entire Release Agreement, I fully understand and agree to be legally bound by it.

Child’s Name ________________________________

Parent/Guardian Name ________________________________
(Please print)

Signature _______________________________________

Date _________________________________________