



## Dads Take Your Child to School Day Photo/Video Consent and Waiver

I \_\_\_\_\_ certify that I am the parent or legal guardian of \_\_\_\_\_ whose  
(Parent's Name) (Child's Name)  
date of birth is \_\_\_\_\_. I understand that \_\_\_\_\_ staff, as well as photographers, newspaper  
(Birthday date) (School, Agency, etc.)

and television reporters, media and social media representatives and public relations personnel may be present during program activities and special events both in-school and away from school. In some cases, they may photograph, interview or otherwise record individuals who participate in these activities and events. The resulting images, videos, and interviews may be used to promote the programs in printed and electronic media published by our agency, such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs. I give permission to use my and my child's photograph, likeness, artwork, profile and/or story, in all forms of media and all manners, including publications, webpages, and other promotional materials. I understand that the circulation of the materials could be worldwide and that there will be no compensation to me for this use. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith.

These images, videos and interviews may be used by the organizing committee of the Dads Take Your Child To School Day campaign, (including New York State's Office of Children and Family Services, Office of Temporary Disability Assistance, and Department of State, as well as the New York City Department of Education, Department of Youth & Community Development, Administration for Children's Services, and other participating municipal and county government partners and their assignees), for inclusion in its publications, on the [www.dadstakeyourchildtoschoolday.com](http://www.dadstakeyourchildtoschoolday.com) website, and in any medium, whether now or hereafter known or developed.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent Signature (If under 18) (Relationship to child) Date

\_\_\_\_\_  
Print Name Phone Number  
(optional)

Photo Date and location: \_\_\_\_\_

Description of activities or programs in photo:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_