

This form is for a: Child Parent Tutor Other

I understand that Children's Dyslexia Centers, Inc. is a charitable organization which depends, in part, upon the financial support from the public to fund the operation of its Learning Centers. I also understand that Children's Dyslexia Centers, Inc. engages in marketing, public relations and fundraising programs designed to publicize the availability of its services, and to generate financial donations and support from the public to fund the operation of its Learning Centers.

I, _____, for no consideration, hereby grant the Children's Dyslexia Centers, Inc., the absolute right and permission to use photos, videos, interviews, sound recordings and other personal information of me/my minor child in any or all of its publications and promotional materials, including digital media and web-based publications.

I hereby authorize the Children's Dyslexia Centers, Inc. to use, edit, alter, copy, exhibit, publish, and/or distribute these photos, videos, interviews and sound recordings for any lawful purpose, waiving any and all rights to compensation for their use and/or distribution.

I understand that this authorization can be revoked at any time by providing written notice of the revocation to Children's Dyslexia Centers, Inc. After receipt of such revocation, Children's Dyslexia Centers, Inc. will not further use and/or distribute such photos, videos, interviews and sound recordings of you/your minor child. I understand that such revocation will not affect the publication or distribution of such photos, videos, interviews and sound recordings of me/my minor child which occurred prior to the receipt of such revocation.

On behalf of myself/my minor child, I hereby release, forever discharge, and agree to hold the Children's Dyslexia Centers, Inc., its affiliates, officers, agents, representatives, successors and assigns harmless from any and all claims, losses, demands or causes of action which my/my minor child's heirs, personal representatives, executors, administrators, or any other persons acting on my/my minor child's behalf or on behalf of my/my minor child's estate, may have in connection with the use and/or distribution of photos, videos, interviews and sound recordings of me/my minor child.

- I also permit the use of my/my minor child's name, biographical information and other personal data, events and other material in connection with the use and/or distribution of these photos, videos, interviews and sound recordings.

I have read this Release and I understand that I am voluntarily giving up substantial rights on behalf of myself/my minor child, including rights relating to publicity and privacy with respect to the commercial use and/or distribution of photos, videos, interviews and sound recordings.

Print Name of Minor Child if applicable: _____

Capacity of signer(s) below:

Parent/Guardian Tutor Other

Print Name: _____ Signature: _____ Date: ____ / ____ / ____

Print Name: _____ Signature: _____ Date: ____ / ____ / ____

The Children's Dyslexia Centers Inc. is a tax-exempt 501(C) (3) charitable organization.

