

## Photo/Video Adult Release Form

In Roots of Empathy (ROE), we like to take photos and/or allow media to record video at times during the program year (i.e., Family Visits with the ROE baby), and these images may include you. Sometimes we like to use these images to share information about ROE in training, in promotional materials, on our website and social media channels, and in the media. Please indicate if these images of you can be used in these ways.

PHOTOS AND VIDEO:				
"YES, I do give permission to Roots of Empathy to use my likeness in a photo or video."				
F. II N (O'	O'constant		Date	
Full Name (Given and Surname)	Signature		Date	
By signing here, you agree to let us use Empathy in any medium (including, but	e your likeness in a not limited to, print	still photograph or v , television, and inter	ideo in connection with Roots of rnet) throughout the world perpetually.	
"NO, I do not give permission to Roots of Empathy to use my likeness in a photo or video."				
Full Name (Given and Surname)		Relationship to the ROE Program (i.e. Teacher, Instructor, Principal, Education Assistant etc.)		
		, , , ,	,	
Street Address				
Phone		 Email		
School Name and Address City/P		City/Province or S	y/Province or State/Country	
Classroom Teacher's Name		Grade		
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