



VIDEO / PHOTO APPEARANCE RELEASE FORM

I, _____ the parent / legal guardian of _____ a student attending _____ school hereby grant my permission for **CHILDREN'S LOW VISION PROJECT OF BRITISH COLUMBIA (CLVP-BC)** to reproduce and distribute the video / photo taken at CLVP-BC clinics taken on _____, 201____in which (my son/daughter) willingly appeared.

I understand the purpose of the video / photo is to be included in the CLVP student file, as well as promoting and sharing the CLVP Clinic experiences in CLVP Brochures or on the CLVP website.

I give permission for a photo to be included in the child's CLVP file.

Yes No

I give permission for videos or photos to be used in promoting and sharing the CLVP Clinic experiences in CLVP Brochures or on the CLVP website.

Yes No

PRINT Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date