



**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 \_\_\_\_\_, 20\_\_ 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