



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____, hereby authorize and give consent to the staff of Star Support Foundation and/or its funded service providers as follows:

I hereby:

X consent and authorize

the staff of Star Support Foundation and/or its funded service providers to take/use still photographs, digital photographs, motion pictures, television transmissions and/or videotaped recordings (hereinafter "Recordings") of me, my children or my wards for educational, research, documentary and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all recordings taken of you, your children or wards shall be the sole property of Star Support Foundation and/or its funded service providers.

With regard to the use of any recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against Star Support Foundation, funded service providers, employees, agents, affiliates and board members.