

**Consent and Release of Liability
for Photograph, Audio and Video Recording**
The University of Southern Mississippi
DuBard School for Language Disorders

I _____ parent of _____, a minor child, do hereby give The University of Southern Mississippi DuBard School for Language Disorders and its representatives my full permission to photograph, video record, copyright, reproduce, telecast or cablecast, use on the internet, publish or otherwise use my child's photograph, likeness, video or audio recording for the creation of educational and/or promotional programs or for any other purposes which support the mission of the school.

It is understood that The University of Southern Mississippi DuBard School for Language Disorders and aforementioned parties may use this material at its discretion, but that this consent shall not obligate the school to use any material obtained.

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive the right to royalties or other compensation arising from or related to the use of the images, recordings or materials.

I further release, defend, indemnify and hold harmless The University of Southern Mississippi DuBard School for Language Disorders, its advisory board, agents, officers, employees or other representatives from and against any claims, damages or liabilities, known or unknown, arising out of the use of this material, including copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

It is further understood that my child's name will not be used by The University of Southern Mississippi DuBard School for Language Disorders within any created program or material without my further consent and approval, with the exception of news releases on school activities, and use of first name on special projects and social media.

I further understand that my child's picture and name will be included in a school yearbook that will be distributed among DuBard School students and staff. Video footage of my child may be included in a video recording and telecast of the Awards Day program unless I give written notification of my decision to opt out of these opportunities.

I certify that I have read this document and fully understand its terms and conditions and that I have full legal capacity to sign on behalf of my child.

Child's Name

Name of Custodial Parent or Guardian

Signature of Parent or Guardian

Relationship to Child

Date