



SpecialKidCare.org

PHOTO RELEASE

Name _____

Address _____

Phone _____

Email _____

I authorize Padraig's Place / SpecialKidCare.org to use photographs/videos/audio recordings taken for marketing and advertising purposes. I authorize the release of the image/recording as well as the individual's name for the purpose of publicizing the work and programs of Padraig's Place, SpecialKidCare.org and Padraig's Place Adaptive Winter Sports Program. I understand that Padraig's Place / SpecialKidCare.org will retain the ownership rights to these images, but that I will be allowed access to view them or obtain copies at a reasonable cost. I understand that these images will be stored in a secure manner that will protect my privacy. I understand that I may withdraw this consent at any time. Such withdrawal of consent must be made in writing. Withdrawal of consent does not affect any information disclosed prior to the written notice of withdrawal.

By signing this below, I am indicating that I have read and understand the consent for release of photographs/video/audio recordings form. I am either the participant (if age 18 or over) or have the authority to give consent for the participant.

Signature _____

Date _____

(Parents Signature if under 18 years of age)

Padraig's Place 176 Walnut Lane, Apple Valley, MN 55124