



**S O U T H E A S T
P S Y C H**

PSYCHOLOGY FOR ALL

Photo, Audio, and Video Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Southeast Psych, its affiliates and agents, to use my video or audio recordings for the purposes of their Student Filmmakers Contest. Southeast Psych can use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

(a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;

(b) Permission to use my name; and

(c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

D) permission to use my work, including video, audio, or still photography for display online, in print, or in live events.

This consent is given in perpetuity, and does not require prior approval by me.

Name: _____

Signature: _____

Address: _____

Date: _____

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent or Legal Guardian: _____

Print Name: _____

Date: _____