



DOVE POINTE

Standard Media and Photographic Release

Name of Individual: _____ DOB: _____

Address: _____

By signing below individually or through a parent or guardian, I irrevocably grant and convey to Dove Pointe, Inc., Dove Pointe Residential Services, Inc., and Dove Pointe Foundation, Inc. ("Dove Pointe"), all right, title and interest in and to record my name, image, voice, statements and/or writings, including any and all photographic or other media images and video or audio recordings made by Dove Pointe in connection with its programs, services, activities, and business.

I further irrevocably grant to Dove Pointe, its agents, including advertisers, marketing and promotion agents, their successors and assigns, unrestricted rights to use the above mentioned sound, still or moving images or materials in any medium, including posting on the Internet and World Wide Web, including social media sites, for educational, promotional, advertising including billboards, signage, community awareness or other purposes without limitation consistent with the mission of Dove Pointe. I agree that all intellectual property rights to the sound, still, moving images, or other media belong to Dove Pointe. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds, payments, reimbursements, or other benefits derived from such photographs or other media or recordings.

I also understand that this release may constitute a waiver of my privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy protection laws, regulations, and policies. If I am an enrolled student, I understand this release constitutes a waiver of my privacy rights under The Federal Family Educational Rights and Privacy Act (FERPA). This release is effective on the date written below and will remain in effect indefinitely.

I certify that I am at least 18 years old and consent to this Release, or that my parent and/or guardian by signing below has provided the Consent required by this Release.

Individual's Signature

Parent or Legal Guardian Signature

Printed Name

Printed Name

Date

Date

Witness Signature

IF YOUR PREFERENCE IS THAT YOU OR YOUR FAMILY MEMBER NOT BE USED FOR ANY PURPOSE DESCRIBED ABOVE, SIGN BELOW:

Individual's Signature

Parent or Legal Guardian Signature

Printed Name

Printed Name

Date

Date

Witness Signature