



**Stephen F. Austin State University
Early Childhood Laboratory**

Multimedia Release Form

*Please complete a separate form for each participant.
If the participant is under age 18, the participant's parent or guardian must sign this form.*

I give my consent for Stephen F. Austin State University (SFASU), Early Childhood Laboratory (ECHL) and its affiliates including accreditation agencies to photograph or video my child and/or me; or use photograph(s) or videos that already exist of my child and/or me that were taken in a childcare setting.

I understand the photographs, digital images, or video segments may be used in print or electronic media and that the multimedia may be displayed on websites owned or sponsored by SFASU, ECHL, and its affiliates including accreditation agencies.

I understand that SFASU, ECHL, and its affiliates including accreditation agencies owns the copyright to the multimedia material in which I, or my child may appear.

I understand I will not be notified when the multimedia is used, nor will I have the opportunity to view and/or approve the multimedia prior to publication.

I give SFASU, ECHL, and its affiliates including accreditation agencies, permission to publish, exhibit, and distribute these materials. Possible uses include but are not limited to: educational, research, development, advertisement, public service, or training activities, under the overarching vision and mission of the Early Childhood Laboratory Program.

I further grant consent for my child and/or me to be videoed for online streaming to ECHL parents/guardians, SFASU and the ECHL.

Minor Consent

Name of Child (print) _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

Adult Consent

Name of Participant (print) _____

Signature _____ Date _____