daCi USA

Release for videotaping and photography.

I, the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(minor child) do hereby authorize, the producer, **daCi USA**, to photograph, video tape, film, or audio record her/his likeness or voice, and do grant the producer and parties designated by the producer the irrevocable right to use her/his name, and/or audio and video image for such purposes and in any manner as deemed necessary.

I also grant permission to use quotes or the artwork of my child. I understand that these items may be used for a variety of purposes, both internal and external, and in a wide variety of formats, including but not limited to: print, broadcast, videotape, CD-ROM, and electronic/online media such as websites and social networking sites.

These items may be used in marketing materials, press releases, news stories, advocacy and lobbying materials, grant applications, and for other such purposes that arise.

In addition, they may be used on the daCi USA website and social networking sites (including but not limited to Facebook, Instagram, and YouTube), daCi USA e-newsletter and other mediums.

Personal information, such as a student's full name, parent's names, address, and telephone numbers will never be published. If a student's name is used with a photograph/video it will be in the form of a first name only. For example, student Jane Doe may be listed as "Jane."

I understand that if I do not agree to this release, I must submit a letter in writing to daCi USA, c/o Kathleen Kingsley, Treasurer, 69 Baeza Lane, Tecolote Route, Las Vegas, New Mexico 87701-9603

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_