



# Language Connects Foundation

## **PHOTO, VIDEO AND SOUND RECORDING RELEASE AND CONSENT FORM (For Participants Under 18 Years of Age)**

By signing this Photo, Video and Sound Recording Release and Consent Form, you are irrevocably giving permission to the Language Connects Foundation (LCF) and its officers, agents, employees, successors, licensees, and assigns, to take and use photographs, video or sound recordings of your child for the following project: the Language Connects Foundation. This is completely voluntary and up to you.

Your consent to the use of the photographs, video and sound recordings and your child's image, likeness, appearance, and voice is forever. You will not receive compensation for the use of your child's image, likeness, appearance, and voice now or in the future. LCF may use the photographs, video and sound recordings containing your child's image, likeness, appearance and voice in any manner or media, including use on web pages. The photographs, video and sound recordings may be used in whole or in part, alone or with other recordings. The photographs, video and sound recordings may be used for any educational, institutional, or informational purposes whatsoever, but not for any commercial uses. LCF has the right and may allow others outside the organization to copy, edit, alter, retouch, revise and otherwise change the photographs, video and sound recordings at LCF's discretion. All right, title, and interest in the photographs, video and sound recordings belong solely to LCF.

You further give permission to LCF to use your child's name, biography, and any other personal data, events, or other material in or relating to any such uses of the photographs, video and sound recordings.

I understand and agree to the conditions outlined in this photograph, video and sound recording release and consent form. As the parent or legal guardian of the participant named below and on behalf of my child, I irrevocably give consent to LCF and its officers, agents, employees, successors, licensees, and assigns forever to make use of my child's image, likeness, appearance, and voice in photographs, video and sound recordings as described above. I acknowledge that I am fully aware of the contents of this release and am under no disability, duress, or undue influence at the time of my signing of this instrument.

*LCF is the charitable affiliate of ACTFL; photographs, video and sound recordings may potentially be used in support of ACTFL programs as well.*

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Printed Name of Participant

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Printed Name of Parent/Guardian

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Signature of Participant

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Signature of Parent/Guardian  
(If participant is under 18 years old)

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Date