



CONSENT FOR RELEASE OF  
PHOTOGRAPHS, AUDIOTAPE, VIDEOTAPE AND OR  
INTERVIEW

*Required for ALL Counselors/Volunteers*



I hereby give CHILDREN'S RESEARCH TRIANGLE or any of its affiliates permission to:

- Take, copyright and /or publish photographs, audiotapes or video tapes of me and/or my child. · Interview me and/or my child about our experience and publish the interview in whole or in part without the right to review.
- Identify my and/or my child's name in connection with these photographs, audiotapes, videotapes or interviews.

I understand these photographs, videotapes or interviews may be used for publication and/or for other public affairs purposes, including publications, advertisements, displays and placement on the CHILDREN'S RESEARCH TRIANGLE web site and social media, as determined by CHILDREN'S RESEARCH TRIANGLE. I hereby waive all rights that I may have to any claims for payment or royalties in connection with the use of these photographs, audiotapes, videotapes and interviews and agree that these photographs, audiotapes, videotapes and interviews shall at all times be the property of CHILDREN'S RESEARCH TRIANGLE.

I hereby release CHILDREN'S RESEARCH TRIANGLE or any of its affiliates, employees, or agents from all liability, including any claims for libel or invasion of privacy, directly or indirectly connected with, arising out of or resulting from the taking and authorized use of these photographs, audiotapes, videotapes and interviews.

Date: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_ (PLEASE PRINT)

Name of Parent or Legal Guardian: \_\_\_\_\_ (PLEASE PRINT)

Signature of Parent, Legal Guardian (under 18) or Counselor (over 18): \_\_\_\_\_

This form may be sent one of the following ways:

Email: [srieger@cr-triangle.org](mailto:srieger@cr-triangle.org)

Fax: 312-726-4021

Mail: 70 E Lake Street, Suite 1300, Chicago, IL 60601

***This form must be received in order to attend Camp SOAR***