

## Photo/Video Adult Release Form

In Roots of Empathy (ROE), we like to take photos or video and/or allow media to record video at times during the program year (i.e., Family Visits with the Roots of Empathy baby), and these images may include you. Such photos and videos may be used and shared by ROE for purposes of training, celebrating the ROE program and participants, and promoting the ROE program, including in social media such as Twitter, Instagram, and Facebook. You agree that such use and sharing by ROE may be in any medium (including but not limited to print, television, and internet) throughout the world in perpetuity. Please fill in the information below and indicate if such photos and videos may be used and shared in these ways. Read our Privacy Policy here or on the website at http://rootsofempathy.org/privacy-policy.

PHOTOS AND VIDEO:			
☐ "YES, I do give permission to Roots of Empathy to use my likeness in a photo or video."			
Full Name (Given and Surname)	Signature	Date	
Please print:			
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Full Name (Given and Surname)		Relationship to the Roots of Em	npathy Program
,		Instructor, Principal, Education	
Street Address			
Street Address			
Phone #	Email		
School Name and Address			
City/Province/State/Country			
Classroom Teacher		Grade	Room #

