



Photo/Video Release Form for Baby's Parent

Dear Parent,

Photographs and/or videos of participating babies and parents are often taken in the Roots of Empathy (ROE) program to be used in the classroom for the purposes of the ROE program, such as to show students a baby's growth and development (the "Program Purposes"). Such photos and videos may also be used for raising awareness of ROE, including on our website, by the news media or in social media such as Twitter, Instagram, and Facebook (the Additional Purposes"). Please indicate below if you agree to such uses by ROE. Read our [Privacy Policy](http://rootsofempathy.org/privacy-policy) here or on our website at [http:// rootsofempathy.org/privacy-policy](http://rootsofempathy.org/privacy-policy).

Instructors, please fill out this section before photocopying and distributing to parents.

Date: _____ School Name: _____
Teacher Name: _____ Grade/Year/Class: _____
ROE Instructor Name: _____ City: _____
Province/State/Region: _____ Country: _____

Parents, please fill out the remainder of this form.

Baby in photos and videos

Yes, I give permission for the:

- ☐ use and sharing of photos and/or videos of my baby for Program Purposes described above.
- ☐ use and sharing of photos and/or videos of my baby for Additional Purposes described above.
- ☐ both of the above.

Parent in photos and videos

Yes, I give permission for the:

- ☐ use and sharing of photos and/or videos of me for Program Purposes described above.
- ☐ use and sharing of photos and/or videos of me for Additional Purposes described above.
- ☐ both of the above.

Parent's signature

Parent's name

Baby's name

Date

Parent's phone number

Parent's email address

