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UNIVERSITY**

MEDIA CONSENT FORM

From time to time photographs, videos, and/or audio clips may be taken of clients, students and faculty engaging in the CDS programs and activities. Kay Armstead Center for Communication Disorders and the Department of Communicative Disorders and Sciences at San Jose State University request the right to use all photos, videos, and/or audio clips taken of CDS clients, students, faculty, programs, and activities. These may be used for promotional brochures, promotions, or showcase of programs on our websites, showcase of activities in local newspapers, and other university related promotional activities.

By signing this form, I consent to allow Kay Armstead Center for Communication Disorders and the Department of Communicative Disorders and Sciences at San Jose State University to use photos, videos, and/or audio clips that they have of me participating in CDS clinics and/or programs.

By signing this form, I confirm that I understand and agree to the above request and conditions. I agree to give up my rights with regards to CDS photos, videos, and/or audio clips of me. I sign this form freely and without inducement.

No service of any kid will be lost or jeopardized if you choose not to sign this consent form.

My Contact Information

Name (print): _____

County: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Signatures

Client Signature

Parent/Guardian Signature (If client is under 18 years of age)

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