

# SCHOLARS IN SERVICE 2020 MEDIA RELEASE FORM



To protect the privacy and safety of Scholars in Service participants, personal information about participants (such as home addresses, e-mail addresses and phone numbers) **will not be published** on any Covenant House Georgia (CHGA) web page or disseminated to any organizations or media outlets under any circumstances.

Participant names, photos of participants, audio or video recordings of participants, and/or participant work may be published in CHGA newsletters, emails, web pages, or shared with media outlets with parent permission below. Please note that **no permission is required** for large group photos in which the participants are not individually identified.

## RELEASE

I hereby grant Covenant House Georgia (CHGA) the right to use and reproduce any and all photographs, video clips, and/or audio clips taken of my child in conjunction with their involvement in the Scholars in Service Program at CHGA in any CHGA newsletters, brochures, web sites, flyers and publications, or any external media outlets promoting CHGA or reporting on activities associated with CHGA.

I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith.

Consent is also granted for any use of my child's name in any part of those publications listed above.

I understand that photos/audio/video used by CHGA for the reasons stated above are considered the property of Covenant House Georgia and may not be sold or reused without the express consent of CHGA officials or administration.

I understand that there is no monetary compensation for use of my child's image and that this waiver/release is good without expiration unless revocation is requested in writing to Covenant House Georgia.

I have read this document and am fully aware of the consent and implications, legal, and otherwise.

### Please print the following and confirm your consent:

Participant name \_\_\_\_\_

Parent name \_\_\_\_\_

This is to certify that I, as parent/guardian with legal responsibility for this participant

\_\_\_\_\_ **do consent and agree** to this Release as provided above.

\_\_\_\_\_ **do not agree** to this Release as provided above

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Please return this form to Rachel Havens at [rhavens@covenanthouse.org](mailto:rhavens@covenanthouse.org) or 1559 Johnson Road NW, Atlanta, GA 30318 by September 30, 2020. Applications will not be considered unless this signed form is received by that date.