

Video Consent Form – Child

Student: _____ Teacher: _____

Community: _____ School: _____

I understand that my child's teacher is participating in the Texas School Ready (TSR!) project. As part of this project, some classroom activities will be videotaped by The University of Texas Health Science Center at Houston (the "University"). This video recording may be used by the Children's Learning Institute at the University of Texas as a training resource to improve classroom instruction. I understand that providing this consent is optional and will not change the services or instruction my child receives.

I do hereby authorize the University, and those acting pursuant to its authority to:

- (a) Record my child's participation and appearance on video tape, audio tape, film, photograph or any other medium.
- (b) Use my child's name, likeness, voice and biographical material in connection with these recordings.
- (c) Exhibit or distribute such recording and materials, in perpetuity, in whole or in part without restrictions or limitation for any educational or promotional purpose which the University, and those acting pursuant to its authority, deem appropriate.

I hereby release and agree to indemnify and hold harmless the University, The University of Texas System, their officers, agents, and employees from and against all claims, losses, expenses and liabilities of every kind including reasonable attorney's fees arising out of the use of such recording and materials.

Signature of Parent or Legal Guardian is required if Participant is a minor.

I acknowledge that I have legal authority to sign this form on behalf of the minor child named above.

(Printed Name of Parent / Legal Guardian)

(Signature of Parent / Legal Guardian)

(Address)

(Telephone)

(City, State, Zip Code)

(Date)

(Relationship to Participant)