

Release for Photographs, Audio, and Video Imagery

- I **DO NOT** give authorization to Residential Opportunities Inc. to obtain and utilize images or audio of _____ in any manner. **(Skip to signature and date line below).**
- I **DO** give authorization to Residential Opportunities Inc. to obtain and utilize images or audio of _____ as identified below. I understand these images may be taken by an agency owned camera, a disposable camera, or a staff or contract professional's personal device. Further, I understand that some electronic devices may include a direct connection to the internet. As such, images may be subject to accidental or intentional forwarding to the public domain. **This release will expire one year from the date of my signature or upon written notice to ROI.**

Photo	Staff training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Intra-agency photo albums and presentations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sharing with Parent/Guardian/Legal Representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Video	Staff training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Intra-agency photo albums and presentations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sharing with Parent/Guardian/Legal Representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Audio	Staff training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Intra -agency photo albums and presentations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sharing with Parent/Guardian/Legal Representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain supports and services from Residential Opportunities, Inc.
- I understand that I may withdraw my authorization at any time by **providing written notice to ROI**. I understand also that such withdrawal of my authorization may not be effective to prevent disclosure of information previously authorized or to stop previous action that has been taken in reliance on this authorization.
- My signature means that I have read this form and/or have had it read to me and explained in language I can understand. I know what information will be disclosed and give my voluntary consent to its release.
- My signature means that, if I am not signing for myself, I have the legal authorization to sign for the identified individual. My signature confirms that I am the legal representative/guardian for the identified individual

Signature of Guardian/Self/Legal Representative/Parent

Date

Signature of Witness

Date

