



OCALI Use Only

OCALI Use	_____
Project	_____
Producer	_____

**Multimedia Release**

July 2019 Version

**Release and Consent of Participant**

I, the undersigned, in consideration for the opportunity to contribute to the programming of OCALI, do hereby authorize OCALI to use my name, voice, image, likeness, and any/all attributes of my personality, in, on, or in connection with any film, audiotape, videotape, audio-visual work, photograph, illustration, animation or broadcast, in any media or embodiment, now known or unknown, including, without limitation, all formats of computer readable media, produced for the benefit of OCALI training materials. I authorize such use for any purpose consistent with the goals of OCALI. I further consent to the use of my name, voice, image, likeness, in any advertising or promotional material used in connection with OCALI.

I irrevocably assign OCALI any and all claims of copyright, and the exclusive and perpetual right throughout the world to use, print, produce, publish, copy, display, perform, exhibit, transmit, broadcast, disseminate, market, advertise, sell, lease, license, transfer, modify, and create derivative works in any media or format, now known or unknown. I warrant that use of my contribution shall not result in liability to OCALI for any claim of copyright infringement, invasion of privacy, unfair competition or slander or libel; and further agree to indemnify and hold harmless OCALI and its agents, employees, and licensees from any expenses involved in defending such a claim. This agreement will be binding on heirs and/or future legal representatives.

I warrant that my participation is voluntary.

**Participant Information (Please Print)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Gender \_\_\_\_\_

I am over 18 years of age and consent and grant permission to all of the foregoing. *(Please provide signature below)*

I, the parent and/or legal guardian consent and grant permission for their participation. *(Requires signature of parent or legal guardian.)*

Effective Date of Agreement \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**Release and Consent of Exchange of Information**

**Section 2**

In further support of contributing to this programming, I understand that information related to the classroom/program structure and individual strategies and supports may be discussed between OCALI and parties involved. This verbal exchange of information, which may include individualized academic, behavioral, and/or medical data, will be used solely to benefit the development of OCALI's training materials. The information used or divulged under this release might be disclosed as an educational record, pursuant to FERPA or Ohio Revised Code 3319.321, and might no longer be protected by HIPAA.

I do not give permission for the exchange of my / my child's individualized data.

I consent and grant permission for the verbal exchange of information related to my / my child's individualized data to assist with understanding the classroom/program structure and individual intervention strategies and supports.

I consent and grant permission for this verbal exchange of my / my child's individualized data to be included in filming/media produced.

Effective Date of Agreement \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_