



Release Form for Video and Photos

Dear Parent/Guardian:

LifeScience Technologies, LLC (“LST”) provides a software tool that can be used by you, your child and your child’s teachers. With your permission, we would like to capture your child interacting with our product(s), CViConnect/CViConnect PRO. These images and/or videos may be used by our CViConnect team for training materials, presentations, and/or marketing. The form below will be used to document your permission for these activities and to use any photo or video that you provide to us.

Sincerely,

Steve Hendrix
President
CViConnect (a platform from LifeScience Technologies)

Child’s Name (please print): _____

Teacher Name (please print): _____

School Name (please print): _____

I am the parent/legal guardian of the child named above. I understand my child may be taped and/or photographed as part of my child’s use of CViConnect/CViConnect PRO. I also agree that I may provide photos or video of my child to CViConnect or one of its contractor staffers. I agree that CViConnect and its affiliates may use such photographs, images and videotape of my child for any lawful purpose, including as examples, for publicity illustration, advertising and web content. I understand that my child’s name or other personally identifiable information will not be used with any photo/image/video.

I am signing this release form with the knowledge that any photo/video/image posted on the CViConnect websites can be downloaded and reprinted by various news organizations, including print, electronic and broadcast media, and I release LST from any liability arising from use of my child’s photos/images/videos in the CViConnect postings.

I understand that I may rescind this release at any time by sending a certified letter to LST notifying them of the rescission. The rescission will take effect upon LST’s receipt of the rescission request.





Please check the appropriate box:

- I DO** give my permission to LifeScience Therapy, LLC (“LST”), and its affiliates, to include my child’s image on videotape or photos and to grant LST, its representatives, employees and contractors the right to take photographs of my child at school related to using CViConnect/ CViConnect PRO. I authorize LST, its affiliates, assigns and transferees to copyright, use and publish the same in print and/or electronically.
- I DO NOT** give my permission to videotape my child or to reproduce materials that my child may produce as part of the CVI Services.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

