



CHILD MODEL PUBLICITY RELEASE

I am the parent or legal guardian of _____, a child under the age of 18 years old.

I understand and agree that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of my child made by Easterseals or its respective employees and agents may be used by Easterseals, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with the work of Easterseals and that these materials may be released to the general public. I assign to Easterseals all of my child's rights to these materials.

I understand that these materials made by Easterseals, its employees and agents are owned by Easterseals and that they may copyright them. I further consent to allow Easterseals, their respective employees and agents, and those acting with Easterseals' permission, to use my child's protected health information, as defined under 45 C.F.R. 164.501, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easter Seals and to release this information to the general public.

I understand that these materials may be published on Easterseals' network of Web sites and this may disclose my child's personal and protected health information online. However, Easterseals' online disclosure of my child's name and residence will be limited to my child's first name and the geographic location of the Easter Seals organization where he or she receives services.

Easterseals does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easterseals may decide not to use them.

I acknowledge that the rights described above are granted to Easterseals on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easterseals will not condition any treatment or funding to my child on the completion of this authorization. I also understand that I may revoke my consent to allows Easterseals to release my child's protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easterseals in writing by sending my revocation to _____. I understand and agree that once Easterseals, its respective employees and agents, and those acting with its permission, disclose my child's protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. This release and authorization expires three years from the date of my signature below.

I have read this release and authorization before signing below, and I fully understand its contents.

Name

Witness for Easterseals

Date

Date

Address

City, State, Zip Code