



Release Form for Social Media

I, _____ the undersigned, do hereby grant or deny (*please circle*) permission to use the image of my participant _____, as marked by my selection(s) below.

Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of the participant for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the:

- Website www.katscareservices.com.au or
- Facebook page/including link to website at: Kat's Care Services

I deny permission to use the participant's image at all.

I grant permission to use the participant's image in the following ways (mark all that apply):

1. **Limited usage:** I want the participant's - image used within the setting only (not in the larger community).
2. **Limited usage:** I want the participant's - image used for educational materials only (not marketing). This could be either within or in the larger community. One example of this could be videos in parent education classes.
3. **Limited usage:** I want the participant's - image used on printed materials only (no digital or video use).
4. **Limited usage:** I allow the participant's - image used – but the face must be covered/not shown.
5. **Unrestricted usage:** I give unrestricted permission for the participant's - image to be used in print, video, and digital media. I agree that these images may be used by for a variety of purposes and that these images may be used without further notifying me. I do understand that the participant's last name will not be used in conjunction with any video or digital images – except in the circumstances where family/guardians request being tagged such as Facebook (whereby a link may be made).

This agreement is good until I rescind it in writing to Kat's Care Services at kat@katscareservices.com.au whereby no further images/videos will be used .

Name (print) _____

Address: _____

Phone: _____ Mobile: _____

Signature: _____ Date: _____

If you have questions, contact at 02 60458797 or 0409274790

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