

Families for Education Improvement, Inc.

**Interview/Video/Photograph/Use of Testimony Authorization
For Adult**

I hereby consent to the being interviewed, videotaped, and/or photographed for the purposes listed below:

Scope of use:

- ☐ Promotion of the mission and furtherance of the goals of Families for Education Improvement, Inc. ("FEI") as stated on the FEI website www.hoco-fei.org.
- ☐ Media relations
- ☐ Website, social media, and other interactive communications
- ☐ Email blasts, general publications, and magazines
- ☐ Communications with elected officials

I further expressly authorize FEI to use any video recording or written transcript of my testimony provided in connection with Howard County Council 2019 resolution CR 112 and/or Howard County Board of Education hearings relating to the 2019 Attendance Area Adjustment plan for the purposes listed above or any other lawful purpose.

I further authorize FEI to release my name, voice, picture, likeness, and statements at any time, according to the scope of use indicated. However, I understand at any time, I may revoke the right for future use by contacting the FEI Public Relations Committee at fei.video.testimony@gmail.com; such revocation must be memorialized in writing and sent to FEI by email. I understand that revocation for future use by FEI does not require FEI to remove materials pertaining to me that were used by FEI in the past.

I understand that once a media outlet interviews and/or photographs me, the entity owns all rights to that footage and FEI has no authority over where or when it is displayed. The footage can be used how that outlet sees fit as long as they see fit.

I waive any right of inspection or approval of my appearance or the final product used by FEI or any media outlet.

I waive any right to compensation for FEI's use of my testimony, voice, picture, likeness and statements.

I understand that the information involving may be deemed confidential, and that I am waiving the right to keep this information confidential by signing this authorization. I hereby release FEI and its officers, affiliates, agents, and assigns from any claim for damages including, but not limited to, breach of confidentiality, invasion of privacy, or violation of any state or Federal law.

Signature: _____ Printed Name: _____

Parent or Legal Guardian

Child Name: _____ Child's Date of Birth: _____

Address: _____

Number and Street

City, State and Zip Code

Phone number: _____ Email Address: _____