



## PE4ME Photography Consent Form

Dear Parents,

Your child is participating in the PE4ME physical education program for the school year. This program was designed to help reduce the prevalence of overweight and obesity in our schools. The program emphasizes life-long fitness and employs innovative cardiovascular and resistance training techniques to achieve its goals.

At this time, we are requesting your permission to photograph your child as they participate in classroom activities. These pictures may be used for presentations at professional meetings and educational and training seminars. These presentations allow us to seek further funding to expand the program to more school districts. Please sign and have your child return the attached photography consent form to his/her PE teacher, if you are interested

If you have any questions, please feel free to contact us.

Thanks,

Dr. Michael Weiss

Medical Director, PE4ME Program

[MWeiss3@cox.net](mailto:MWeiss3@cox.net)

Tracy Bryars, R.D.

Program Director, PE4ME Program

[TBryars1@yahoo.com](mailto:TBryars1@yahoo.com)



### Photography Consent Form

I, *(print name)* \_\_\_\_\_, hereby grant permission to Representatives of the PE4ME program, to take and use: photographs, videotape and/or digital images of me for use in promotional, educational, and training presentation materials. These materials might include printed or electronic publications, or program websites.

I further agree that my name and identity may be revealed with my permission in descriptive text or commentary in connection with the image(s). I release the PE4ME program from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of right to privacy, infringement of moral rights, rights of publicity or personality, or copyrights.

I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of the PE4ME program and AAP

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of student)*

### Release for Minor Children *(under 18)*

I, *(print name)* \_\_\_\_\_, parent or official guardian of *(child's name)* \_\_\_\_\_ hereby grant permission to representatives of the PE4ME program to take and use: photographs, videotape and/or digital images of **my child** for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, or program websites. I agree that my child's name and identity (check one):

\_\_\_\_\_ may be revealed

\_\_\_\_\_ may **not be** revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. I release the PE4ME program from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of right to privacy, infringement of moral rights, rights of publicity or personality, or copyrights. All negatives, positives, prints, digital reproductions and videotape shall be the property of the PE4ME program.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Parent or Guardian)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, Zip)*