



PHOTO & VIDEO RELEASE FORM

I, _____, give permission for Matrix Parent Network & Resource Center to use pictures and/or video taken of my child and/or myself to be used in Matrix materials. I understand they may appear in multiple places including brochures, newsletters, promotional emails, on the Matrix website, or in other materials related to the Matrix mission.

Parent Name(s) _____

Child's Name _____

Siblings who may have also been photographed:

Parent Signature _____ Date _____

If you would like to receive copies of the original photos, please include the following information:

Address _____

City _____ Zip _____

Email _____

Matrix serves families of children with special needs in the North Bay and is one of 100 Parent Training and Information (PTI) centers nationwide, authorized through the U.S. Department of Education's IDEA law.

Helpline: 800.578.2592
www.matrixparents.org