**CONSENT TO PHOTOGRAPH and/or AUDIOTAPE/VIDEOTAPE**

1. **Confidentiality Rights -**  Multi-Agency Alliance for Children, Inc. (MAAC) seeks to protect each youth/advocate’s right to confidentiality by allowing photographing, audiotaping, and videotaping **only** through strictly enforced procedures on photographing, videotaping, and/or audiotaping youth/advocates in activities. **No photograph, audiotape, or videotape of any youth or advocate participating in a MAAC event may be made without the valid, written consent of the youth/ advocate, or custodian if under the age of 18. Program rules regarding use of recording devices must be strictly followed.**
2. **Use of Photographs/Videotapes/Audiotapes**
   1. Photographs and/or audio/videotapes may be made under the direction of direction of designated staff as follows:
      1. in-house “special events”;
      2. for teaching, instructing, or training MAAC employees, interns, and/or volunteers/stakeholders or for presentations at authorized workshops.
         * Audio/Videotapes used as described in (ii) contain no identifying information or recognizable images of the youth/advocate. All identifying data or images are **always** deleted, disguised, or concealed when these materials are being used for training purposes of any kind.
   2. News and press releases, as well as, public relations materials, may contain photos or videotapes of youth/advocates. In these instances, a youth/advocate’s identity is **always** deleted, disguised, or concealed in order to protect his/her confidentiality, well-being, and welfare. Such use of photographs or videotapes will be approved by the Executive Director.
   3. **NO UNAUTHORIZED PHOTOGRAPHING OR VIDEO/AUDIOTAPING OF ANY YOUTH/ADVOCATE IS ALLOWED** by any person, whether staff, resident, visitor, family member, or other.
   4. Pictures of youth or advocates alone (i.e. showing no other youth/advocates) may be given to the youth/advocate for his/her own keeping.
3. **Right to Refuse/Withdraw Consent -**  I understand that I may refuse to grant permission for the youth/advocate names below to be taped or photographed. I further understand that I may at any time withdraw consent by contacting a MAAC staff or the Executive Director.
4. **Questions/Concerns -** I acknowledge that questions I have regarding taking of pictures and/or taping have been answered to my full satisfaction. (These questions/concerns, if any, have been fully documented and are attached to this consent form.)
5. **Release** – I hereby release MAAC and forever discharge any claim of any nature against them so long as the material is used as described in this consent form.
6. **Agreement -**  Understanding and agreeing to all conditions listed above, I, the undersigned

( do) or ( do not) grant MAAC staff permission to photograph and/or tape the youth/advocate named below.

1. **Legal Custody Holder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to the Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Youth/Advocate’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Witness’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Disposition of Photographs, Audiotapes, Videotapes (if applicable)**

**(For Internal Use Only)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have disposed of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Staff/Title) (Description of Material)

used for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Purpose) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Staff Signature/Title) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Program Administrator or Designee Signature) (Date)