

CENTRAL REGION EDUCATIONAL COOPERATIVE PHOTOGRAPH/VIDEOTAPING PERMISSION (Teacher)

Participant's Name (please print):

Date of Consent:

Participant's Street Address, City, State, Zip Code:

Participant's Telephone Number

Date of Birth

Age:

I hereby consent to being photographed, videotaped, filmed, or otherwise imaged (including the use of Read AI during zoom meetings) at the Central Region Educational Cooperative (CREC). I understand and agree that these photographs, videotapes, films, or images may be used as indicated below (*check all that apply*):

- ☐ Read AI transcripts or video recordings may be uploaded into TORSH Talent as part of my engagement in Practice-Based Coaching
- ☐ Educational activities involving CREC staff and/or employees
- ☐ Educational activities outside of CREC involving others besides CREC staff and/or employees
- ☐ Research activities
- ☐ Legal purposes
- ☐ Public media, including news media, television, advertisements, public relations, newsletters, website, annual reports, resource library on TORSH Talent, and/or other

I understand that this consent may be revoked in writing at any time, except to the extent that action has already been taken in reliance upon this consent. Unless revoked or specified to expire as follows, this consent will not expire.

Date, event, or condition specifying expiration:

Additional comments or qualifications (if any):

The Central Region Educational Cooperative, its employees, officers, and staff, are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Participant, or Legal Representative

Name (please print)

Date

Signature of Witness

Name (please print)

Date