HEELS Summer Intensive
PHOTO/VIDEO RELEASE AND AUTHORIZATION FORM

I authorize the HEELS Summer Intensive to take photographs and/or videos of (applicant’s name) ________________________, for the following uses:

Initial all that apply

_______ For Public Relations Purposes: On the HEELS Summer Intensive website, publications, and brochures. The individual’s name will not be used, but it is possible someone may recognize the individual based on images.

_______ For Educational Purposes: In presentations by HEELS Summer Intensive staff, including professional and educational conferences and seminars. The individual’s name will not be used, but it is possible someone may recognize the individual based on images.

_______ For Learning: Video modeling and/or role-play may be used as a teaching tool for applicant’s selected goals

_______ Personal Device Release: I consent to the use of HEELS Summer Intensive staff member’s personal devices, such as smart phones, iPads or cameras for the taking of the photographs and/or videos authorized above. I acknowledge that all possible efforts will be made to protect the security of such as photographs and/or videos but that total security cannot be guaranteed. I also understand that UNC policy requires that personal devices used for the taking of such photographs and/or videos never be left unattended in secured areas. I understand that UNC policy requires that all personal devices used for the taking of such photographs and/or videos will have the following minimum security requirement implemented:

- Power-on passwords
- Auto logoff or screensaver with password
- Encryption of transmitted and stored data

I understand that:
• I may revoke this authorization at any time:
  ▪ If I want to revoke this authorization, I must do so in writing and send to the HEELS 2 Transition Campus Box.
  ▪ I may refuse to sign this authorization, and refusal to sign will not affect applicant’s admissions decision to the HEELS Summer Intensive

I have read and understand the information in this authorization form. Unless revoked according to the above directions, this authorization will not expire.

Signature of Parent/Guardian: _____________________________________________________
(Applicants who are their own guardian may sign here)

Printed Name: ___________________________ Date: __________________________