



SAIIE

"Your Life Experience; Your Education"

Photo and Video Consent for Minor

I, _____,

parent or legal guardian of _____
Full Name of Student

, born the ____ day of _____, _____
Month Year

I hereby **authorized / do not authorize** (Please circle one) the SAIIE study abroad program to use and publish any photographs and/or videos taken of my child by the SAIIE staff through their study abroad experience through any of the activities organized by the program, as well as any that I email to the SAIIE program for the use of educational, promotional, and reporting purposes.

I further acknowledge that my child's participation is voluntary and that he/she will not receive financial compensation of any type associated for the publication of these photographs/videos.

Note: Please be aware that if you have given SAIIE authorization to publish photos and videos you have the right to cancel or rectify at any time by emailing the SAIIE program manager to: seanrc@saie.com

Signature of Parent or Legal Guardian

____/____/____
Date