**Permission to Videotape/Photograph A Minor Child**

Dear Parent/Guardian:

To promote our educational program to other teens, educators, parents and potential donors, Science Education Solutions and the Institute for Science Education New Mexico a non-profit organization requests your permission to photograph, videotape, and/or interview your child during the Science Cafés and related events. Use of the photographs or video content on social media or publications will not include identifying information about your child. We take the privacy of your child very seriously and will do everything in our control to protect their identity and present them in a positive light.

Sincerely,

RJ Montaño

Communications Specialist

[rj@scieds.com](mailto:rj@scieds.com)

**Permission Slip (Return to Café Scientifique NM)**

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent/legal guardian of the student named above. I have received and read your letter regarding the videotaping and/or photographing for Institute for Science Education New Mexico/ Science Education Solutions.

☐ I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, audio recordings, or video tapes of the child named above. I also grant to the right to edit, use, and reuse said products for non- profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Science Education Solutions and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

☐ I do not give permission to video, audio record or photograph my child.

Parent or Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Permissions Slips will be filed at:*

*Science Education Solutions and the Institute for Science Education New Mexico*

*4200 W. Jemez Rd Suite 322*

*Los Alamos, NM 87544*