



MOUSE Squad Of California, Aspiranet

Authorization For Use And Disclosure Of Photographic Image, Name, Quotations And Written Feedback Of An Adult Or Non-Dependent Minor Only

I, the undersigned adult individual, agree as follows:

- a. I hereby authorize MOUSE Squad of California and its agents, affiliates, licensees, successors and assigns (herein collectively called "MSCA") to use my name, city and state of residence, photograph and likeness, quotations and written feedback about MOUSE Squad in brochures, advertisements, periodicals, products or other materials, in connection with advertising, marketing, promoting and publicizing MSCA in any manner or form throughout the world (the "*Advertisements*"). I understand that MSCA may receive donations, grants or other payments due to the Advertisements and I will have no right to any payment or any part of such donations, grants or other payments that MSCA receives.
- b. I understand that the Advertisements will be disclosed by MSCA to the public and that the public will be permitted to re-disclose this information. I understand that information disclosed pursuant to this authorization may be re-disclosed and might no longer be protected by federal confidentiality law (HIPAA) or state privacy laws.
- c. I understand that this authorization will expire on the date that is fifty (50) years from the date of this authorization and that MSCA predicts that fifty (50) years will be the useful life of any Advertisements that MSCA may create using my name, city and state of residence, photograph and likeness.
- d. _____ (initials) I understand that my actual first name may be used in the Advertisements.
- e. _____ (initials) I understand that my actual last name may be used in the Advertisements.
- f. I understand that I may refuse to sign this Authorization, and MSCA will not withhold any of their services from me.
- g. I understand that I may revoke this authorization at any time, but that MSCA will be allowed to continue to use my name, city and state of residence, photograph and likeness to the extent that MSCA has relied on this authorization. For example, if MSCA has already printed brochures, MSCA will be allowed to use them with my picture even if I later object. I understand my revocation must be in writing, signed by me or on my behalf, and delivered to one of the MSCA offices.

Signature: _____ School/Agency: _____

Print Name: _____ District: _____

Date: _____ County: _____

If the above named individual is a minor under the age of 18, the signature of the minor's parent or legal guardian is required.

Date: _____

Signature of Parent or Legal Guardian