SAIIE

"Your Life Experience; Your Education"

Photo and Video Consent Form

Students Full Name: _____

Date of birth (MM/DD/YYYY): ____ / ____ / _____

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

I further acknowledge that my participation is voluntary and that I 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 Director of Program Development & Student Experience to: seanrc@saiie.com

_____ _____/_____/_____

Signature of Applicant MM DD YYYY