



SAIIE

"Your Life Experience; Your Education"

Photo and Video Consent Form

This form applies to all SAIIE programs and activities.

Student Information

Student's Full Name: _____

Date of Birth (DD /MM/YYYY): ____ / ____ / ____

SAIIE Program:

- ☐ Semester Abroad
- ☐ Summer Program
- ☐ Winterim
- ☐ Gap Year Athletics
- ☐ Internship Abroad
- ☐ Other: _____

Term Abroad:

Example: Fall 2026, Spring 2027, Summer 2027, Summer 2027 - Session I, Summer 2027 - Session II, Summer 2027 - Session I & II, Winterim 2026–27, Academic Year 2026–27

Authorization

I hereby **authorize / do not authorize** (please circle one) the Spanish-American Institute of International Education (SAIIE) to use and publish photographs and/or videos of me taken by SAIIE staff during my participation in SAIIE programs, activities, excursions, events, and other program-related experiences. This authorization also includes photographs and/or videos that I voluntarily provide to SAIIE, including materials I send to SAIIE by email or submit through SAIIE-related channels or social media. I understand that SAIIE may use these photographs and/or videos for **educational, promotional, informational, and reporting purposes**, including SAIIE's website, social media, publications, promotional materials, presentations, and other communications related to SAIIE programs.

I understand that my participation is voluntary and that I will not receive financial compensation for the use or publication of these photographs and/or videos.

I understand that I may withdraw or request the correction of my authorization at any time by contacting SAIIE at seanrc@saiie.com. I understand that withdrawal of consent does not require SAIIE to remove materials that have already been printed, published, distributed, or otherwise made available before the withdrawal request.



SAIIE

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For Students 18 Years of Age or Older

By signing below, I confirm that I have read and understood this Photo & Video Consent Form and am providing my authorization voluntarily.

Student Signature: _____

Date (DD /MM/YYYY): ____ / ____ / ____

For Students Under 18 Years of Age

I am the **parent or legal guardian** of the student named above. I have read and understood this Photo & Video Consent Form and hereby authorize / do not authorize (please circle one) SAIIE to use and publish photographs and/or videos of my child as described above.

Parent/Legal Guardian Full Name: _____

Relationship to Student:

- ☐ Mother
☐ Father
☐ Legal Guardian
☐ Other: _____

Parent/Legal Guardian Signature: _____

Date (DD /MM/YYYY): ____ / ____ / ____