OFFICIAL DOCUMENT

Media Release & Authorization Form

Power of Credit Institute NFP — Youth Enrollment Documents

Student Information

Student Full Name: _____

Parent / Guardian Name: _____

Program / Class: _____

Permission & Authorization Statement

I, the undersigned parent or legal guardian of the student named above, hereby grant permission to the **Power of Credit Institute NFP (POCI)** and its authorized representatives to photograph, video record, audio record, or otherwise capture the likeness, image, voice, and/or name of my child in connection with POCI programs, workshops, events, and activities.

I understand and agree that any photographs, video recordings, audio recordings, or other media captured may be used by the Power of Credit Institute NFP for purposes including, but not limited to: **marketing and promotional materials**, program documentation, social media, websites, newsletters, educational content, grant reporting, and other organizational communications, in any format now known or hereafter developed.

📸 Photography

Still images captured during POCI events, classes, and activities.

📹 Video & Film

Video recordings, interviews, and documentary-style footage.

📣 Marketing Use

Print, digital, and social media promotional materials.

📚 Educational Use

Curriculum resources, grant documentation, and program reports.

No Compensation Clause

I understand and acknowledge that **no financial compensation or consideration of any kind** will be provided to my child, myself, or any party acting on our behalf in exchange for this release or for any use of the media captured under this authorization. All rights granted herein are provided on a voluntary, non-compensated basis in support of the Power of Credit Institute NFP's nonprofit educational mission.

Release of Liability

I hereby release and discharge the **Power of Credit Institute NFP**, its officers, directors, employees, volunteers, agents, and assigns from any and all claims, demands, or causes of action that I may have or that may arise out of the use, reproduction, distribution, publication, or display of said photographs, recordings, or other media, including any claims for invasion of privacy, defamation, or right of publicity. This release is binding upon me, my heirs, legal representatives, and assigns.

This form applies to all current and future uses of media captured during enrollment in any Power of Credit Institute NFP program. You may withdraw consent at any time by submitting a written request to POCI program staff.

Authorization & Signature

By signing below, I confirm that I am the parent or legal guardian of the student named above, that I am 18 years of age or older, that I have read and understand the terms of this Media Release Form, and that I voluntarily grant the permissions described herein to the Power of Credit Institute NFP.

Parent / Guardian Signature

Signature: _____

Printed Name: _____

Date of Signature

Date: _____

Relationship to Student: _____