



Kansas State School for the Blind

Extended School Year 2022

FORM B

Publicity Release

I hereby authorize and give permission for the participant's photograph, video and/or other identifying information (such as age, eye condition, etc.) to be used by the Kansas State School for the Blind for publicity purposes. I understand such uses may include brochures, newsletters, website entries, press releases, or written stories without payment or any other compensation. I further understand some uses may be for information and material sent to other organizations/companies (newspapers, television, radio, conference presentations, etc.) and that the materials will become the property of the Kansas State School for the Blind and will not be returned. *KSSB posts photos of students/activities on Facebook. However, no student names or identifying information is posted.

Release of Information

I hereby authorize and give permission to the Kansas State School for the Blind to obtain and/or provide information to school district(s), optometrist/ophthalmologist, and/or any other educational or community work sites for programming and collaboration regarding the participant listed below.

Off-Site Activities

I hereby authorize and give permission for the participant identified below to participate in any off-site activities as a part of ESY Summer 2022 programming.

Medical Release

I certify that I am the parent or legal guardian of this child. I certify that this child has no illness, disease, condition or injury that places this child at medical risk to participate in the intensive exercise program offered through ESY. I certify that my child is in good health and able to participate in daily courses including recreation and leisure, swimming, walking, riding bikes, gym activities, etc.

In consideration for allowing my child to participate in the ESY programs, I am hereby providing a **FULL RELEASE** to Kansas State School for the Blind where the program is conducted and their respective agents, employees, officers and directors from all claims, demands, actions, judgments and executions for which the child or undersigned or their heirs, executors, administrators, guardians, conservators or assigns ever had, now has or may have in the future or claim to have.

Participant Name: _____

Parent/Guardian Name: _____

Signature (Parent/Guardian if under 18 years of age): _____

Date: _____