

Saint Xavier University
Ludden Speech and Language Clinic
Consent, Authorization and Release

Please read this Consent, Authorization and Release (this "Consent") carefully. By signing this Consent, you are consenting to Saint Xavier University ("SXU") photographing and/or audio and/or video recording (collectively, "Recordings") your and minor child/ward (as applicable) related to Ludden Clinic activities, including, without limitation, therapy and evaluation sessions. You are also releasing all claims for injuries, damages and other losses that you and your minor child/ward (as applicable) may have against SXU and its related parties for injuries related to or arising out of any such Recordings.

Consent to Recording. I hereby irrevocably consent to, and authorize the use of and reproduction by, SXU or anyone authorized by SXU, of any and all Recordings and electronic images of me and my minor child/ward (as applicable) taken by SXU related to Ludden Clinic activities for educational purposes and without compensation to me or my minor child/ward, including, without limitation, Recordings of group and individual therapy sessions and teletherapy appointments. Any such Recordings and images (including any photographic negatives or derivatives) shall be the sole property of SXU.

Consent to Viewing by Others. I understand and agree that group therapy sessions may be viewed by the parent/guardian/caregiver of other group therapy clients, and I consent to my image and that of my minor child/ward (as applicable) being viewed, recorded, used and/or transmitted by SXU for educational purposes. I also consent to allowing the parents/guardians/caregivers of other group therapy clients to view group therapy sessions.

Authorization for Disclosure to Third Parties. I further understand and authorize the viewing of my image and that of my minor child/ward (as applicable) in response to a request for records under the Health Insurance Portability and Accountability Act ("HIPAA") and other applicable privacy laws. I understand that the parent/guardian/caregiver of a group therapy client, or the client himself/herself, may require access to their or their minor child/ward's records at a later date, and that I or my minor child/ward may appear in Recordings of a group therapy session. I hereby authorize SXU to disclose such Recordings upon the receipt of a Court Order or a HIPAA request for records. I understand that while SXU will make all reasonable attempts to ensure my/my minor child/wards' privacy when producing such Recordings, it is possible that my/my minor child/ward's image may be included in response to any such records request.

License Agreement and Release to SXU ONLY. I hereby grant SXU a perpetual, worldwide, royalty-free license to use, modify, edit, alter, copy, display, distribute, transmit, publish or reproduce the Content (as defined herein), either digitally, in print, or in any other medium now known or later developed. For purposes of this provision, "Content" means my and my minor child/ward's (as applicable) name, likeness, image, voice, appearance and verbal or written testimonial as such may be embodied in any Recordings or images and the like, taken or made on behalf of SXU. I understand and agree that SXU owns the right, title and interest in the Content, including the entire copyright thereto. SXU may use the Content for any purpose consistent with its mission including for marketing, advertising and educational purposes. I hereby waive any right to review or approve the use of the Content. I understand and agree that no royalty, fee or other compensation shall become payable to me or my minor child/ward by reason of such use.

I hereby release and discharge and agree to hold harmless SXU and its officers, trustees, agents, servants, employees, attorneys, representatives, successors and assigns, and any person acting under their permission or authority, from and against any and all claims whatsoever in connection with the use of Recordings or images of me and my minor child/ward and the reproduction thereof, including any claim for payment in connection with distribution or publication of such Recordings or images.

Acknowledgement and Release of Claims. By my signature below, I represent that I, on behalf of myself and, as applicable, as an authorized representative of the client named below, have read and understood and agree to be bound by this Consent and the SXU Video/Audio Policy, which can be found [here](#). I also acknowledge, agree and consent to SXU's collection, use and retention of my personal information and/or that of my minor child/ward for all purposes related to or arising out of the provision of services at Ludden Clinic, and in accordance with the Clinic's Privacy Policy, which can be found [here](#).

I, on behalf of myself and my minor child/ward, hereby hold harmless, release and forever discharge SXU and its officers, trustees, agents, servants, employees, attorneys, representatives, successors and assigns from any and all claims, demands and causes of action which I, or my minor child/ward, or our respective heirs, representatives, executors, administrators or

any other persons acting on my behalf or on behalf of my minor child/ward, have or may have related to the making, use and transmission of Recordings (as that term is defined herein) and images of me and my minor child/ward as outlined herein.

I HAVE READ THIS CONSENT, AUTHORIZATION AND RELEASE AND I UNDERSTAND THAT IT IS A RELEASE AND WAIVER OF LIABILITY AGREEMENT. BY SIGNING THIS FORM, I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS ON BEHALF OF MYSELF AND/OR MY MINOR CHILD/WARD AND I HAVE SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Client Signature

Client Name (Printed)

If Client is a minor or under a guardianship arrangement:

Parent/Guardian Signature

Parent/Guardian Name (Printed)

Client/Parent/Guardian Address:

Client/Parent/Guardian Phone Number: _____

Client/Parent/Guardian Email: _____