



Website and Social Media Marketing Authorization Form

I, the undersigned, hereby grant permission to Austin Child Guidance Center (“ACGC”) to post my and/or my child[ren]’s story, photo, or other item, including the Protected Health Information, hereinafter referred to as “Materials,” that I submit to and for Austin Child Guidance Center’s website, Instagram account, Twitter account, Facebook account, and other marketing materials. I understand that once the Materials are posted on these sites or accounts, they cannot be removed by Austin Child Guidance Center and that they may be posted for an indefinite period of time.

Please check what you are authorizing to be used related to this form:

- My name My child’s name Photographs of me / my child[ren]
- A description of my experience with ACGC A description of how my child was helped by ACGC

I specifically authorize this information to be disclosed electronically. I understand that all postings submitted will be unencrypted. I acknowledge that unencrypted e-mail is vulnerable to various security risks including but not limited to: hacking, malware, misdirection, and phishing. By signing this authorization, I accept the risks associated with this unencrypted submission.

I hereby release Austin Child Guidance Center, its representatives, employees, directors, and officers, from all claims and demands arising out of or in connection with any use of said Materials, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the Materials or any rights therein. However, I understand that Austin Child Guidance Center will use my Materials for marketing purposes to promote its services and may receive direct or indirect remuneration from new clients who may use our services as a result of the Materials.

If I wish to revoke this authorization, I will send notification in writing to Austin Child Guidance Center Privacy and Security Officer, 810 W. 45th Street, Austin TX 78751. I understand that such revocation will not apply to Materials already posted in reliance on my signature on this Authorization Form.

Signature

Date

Name & Address: _____

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Authorization and consent to my child’s inclusion in the Materials, will not contest the rights granted in this Authorization, and will assist and support Austin Child Guidance Center in any and all legal proceeding should it be necessary for Austin Child Guidance Center to enforce this Agreement in a court of law.

Parent/Guardian Signature

Child’s Name