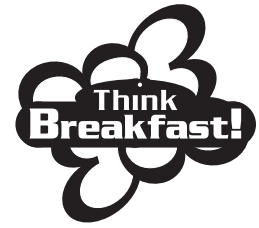


Parent/Guardian Permission Release for *Think Breakfast! "Be a Class Act" Class Video*



I, _____, hereby grant permission for _____ to
Parent/Guardian Name (please print) Teacher Name (please print)

photograph/videotape my son/daughter/minor for possible use in the "*Think Breakfast! Be A Class Act*" project. In addition, I grant the New York State Education Department, its employees, agents, successors, licensees and assignees the irrevocable right and license to the likeness of my son or daughter on photographs or in videos; to crop or alter such photographs at their discretion; to incorporate such photographs or videos at their discretion; and to use such photographs or videos or any portion thereof at their discretion and in any manner in connection with the "*Think Breakfast! Be A Class Act*" project, which may include but is not limited to, posting on the *Think Breakfast!* Web site, YouTube and/or other social networking web site (subject to the terms and conditions of that site) and any other promotional materials.

I agree to hold New York State Education Department and its employees, agents, successors, licensees, and assignees harmless against any liability, loss, or damage resulting from the use of my child's likeness, and I hereby release and discharge any claims whatsoever in connection with such use of my child's likeness in the above projects. I understand that my child's name will not appear in connection with any photographs or videos containing his/her likeness that may be used in the above projects and that use of any photographs or videos is for non-commercial purposes and intended solely for the promotion of the School Breakfast Program within New York State. I understand that no payment or consideration of any kind will be offered or provided in exchange for the photographs or videos.

I have read this release and am signing it freely and voluntarily, and I am not relying on any inducements, promises, or representations made by New York State Education Department or its subcontractors, employees, or agents.

Approval/Consent of Parent or Guardian

Minor Child's Name _____

Address _____

City/State/Zip Code _____

Telephone (_____) _____

Parent or Guardian Signature _____ Date ____/____/____



Child Nutrition Program Administration
The State Education Department
This institution is an equal opportunity provider.