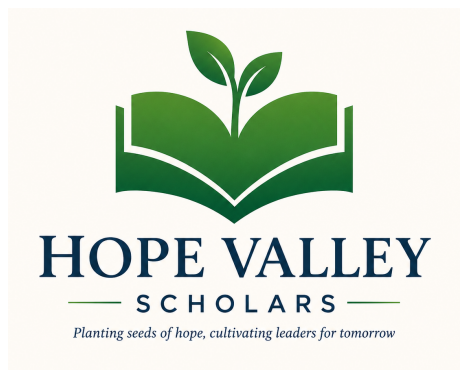




HOPE VALLEY SCHOLARS INC.

Photo and Media Consent Form

Voluntary, informed and respectful choices about a scholar's image, voice and story.

This form gives scholars and parents or guardians a clear, voluntary choice about photographs, video, audio and stories. Media consent is separate from scholarship selection and program participation.

OUR COMMITMENT: Hope Valley Scholars applies this document to the programs, people and activities within its scope. Questions or requests for an accessible copy may be sent to the contact information below.

Version	1.0
Policy owner	Program Lead and Privacy Owner
Effective date	01/01/2026
Review cycle	Annual
Website address	https://www.hopevalleyscholars.org/Documents/pdf/Hope%20Valley%20Scholars%20Photo%20Media%20Consent%20Form.pdf

Organization: Hope Valley Scholars Inc. | U.S. 501(c)(3) public charity | EIN 41-2924425

Contact: info@hopevalleyscholars.org | +1 (302) 898-6006 | <https://www.hopevalleyscholars.org>

Important information before you decide

- Consent is voluntary. Saying no will not affect scholarship eligibility, educational support, mentoring or participation in Hope Valley Scholars activities.
- Choose one overall permission option and then mark the specific media, uses and identification choices you approve.
- Hope Valley Scholars will use reasonable safeguards and will not knowingly publish sensitive financial, health, safeguarding, precise-location or school-schedule information.
- You may withdraw consent for future uses by contacting Hope Valley Scholars. Materials already printed, lawfully shared or incorporated into completed publications may not always be recoverable.
- Hope Valley Scholars will not sell a scholar's image or story. Approved service providers or partners may receive media only for the stated organizational purpose and subject to appropriate controls.

1. Scholar information

Scholar full name

Preferred name or scholar code for approved public use

School and current grade/year

Scholar date of birth

2. Choose one overall permission option

☐ **OPTION A - APPROVE.** I permit the specific media, uses and identification choices marked below.

☐ **OPTION B - LIMITED APPROVAL.** I permit only the items marked below and require any written limitation to be followed.

☐ **OPTION C - NO PUBLIC MEDIA USE.** I do not permit public use of the scholar's image, voice or story. Hope Valley Scholars may retain internal administrative or safeguarding records when lawful and necessary.

3. Media types approved

☐ Photographs ☐ Video ☐ Audio ☐ Written quote ☐ Written or recorded story ☐ Artwork or schoolwork

4. Uses approved

☐ Hope Valley Scholars website and official social-media channels

☐ Donor, grant, annual or impact reports

☐ Printed brochures, event displays and presentations

☐ News media or partner communications approved by Hope Valley Scholars

☐ Internal training, Board reporting and program documentation

5. Identification approved

☐ No name; image or story may be used without identifying the scholar.

☐ First name or approved scholar code only.

☐ First name and general school level only; do not publish the exact school or precise location.

☐ Full name only when Hope Valley Scholars obtains separate approval for the specific use.

6. Written limitations

Examples: no social media; no video; back-of-head images only; do not identify school; permission expires on a stated date.

7. Consent period and withdrawal

Unless a shorter period is written above, this consent remains effective while the scholar participates and for five years afterward for new uses. Previously released materials may remain in circulation. To withdraw future permission, email the contact below with the scholar's name or code and enough information to locate the record. Withdrawal does not affect uses lawfully made before it was received.

8. Scholar assent

The form has been explained to me in a way I understand. I had an opportunity to ask questions and state my preference. I understand that I can tell Hope Valley Scholars if I feel uncomfortable about a photograph, recording or story.

Scholar name

Scholar signature/mark

Date

Staff note if scholar assent could not reasonably be obtained

9. Parent or guardian consent

I confirm that I am the parent, legal guardian or otherwise authorized person for the scholar named above. I have read and understood this form, and the selections accurately state my permission. I understand that no compensation is promised for approved uses.

Parent/guardian name

Signature

Date

Relationship to scholar and safe contact information

10. Adult scholar authorization

If the scholar is 18 or older and legally able to consent, the adult scholar signs here. Hope Valley Scholars may still use additional family or program consultation when appropriate, but the adult scholar controls their own media consent.

Adult scholar name

Signature

Date

11. Hope Valley Scholars record

Record item	Staff entry
Consent reviewed by / date	
Approved option and limitations	
Consent record ID / storage location	
Withdrawal or change received / action	

QUESTIONS OR WITHDRAWAL: Contact info@hopevalleyscholars.org or +1 (302) 898-6006. Do not send sensitive student documents through ordinary email.

Document control and related documents

The current public version of this document is maintained by Hope Valley Scholars Inc.. Printed or downloaded copies may become outdated; consult the website for the current version.

- Child Safeguarding and Protection Policy
- Privacy Policy

Version 1.0 | Effective 01/01/2026 | Next scheduled review: 01/01/2027