DRPAYOPR

CLIENT MEDIA, TESTIMONIAL, PHOTO, VIDEO & CONTENT RELEASE AUTHORIZATION

Dr. José L. Santiago Castillo, Ed.D. | Education · Inclusion · Leadership · Transformation

A. CLIENT / PARTICIPANT INFORMATION

Full Name: _____	**Organization / Company:** _____
Professional Title: _____	**Email:** _____
Phone: _____	**City / State:** _____
Date: _____	

1. PURPOSE OF AUTHORIZATION

I voluntarily authorize Dr. José L. Santiago Castillo, Ed.D., DRPAYOPR, and their authorized representatives, contractors, agents, and service providers to photograph, record, reproduce, publish, display, distribute, and otherwise use materials involving or voluntarily provided by me in connection with DRPAYOPR's educational, professional, promotional, publishing, marketing, and media activities.

This authorization may include photographs, professional images, video and audio recordings, testimonials, reviews, quotes, statements, interviews, event recordings, images displaying DRPAYOPR books or materials, written content voluntarily submitted for promotional use, screenshots, and other promotional materials voluntarily provided by me.

2. AUTHORIZED PROFESSIONAL AND PROMOTIONAL USE

I authorize approved materials to be used in connection with DRPAYOPR and the professional brand of Dr. José L. Santiago Castillo, including websites, social media, digital and printed marketing, advertisements, newsletters, email campaigns, brochures, media kits, presentations, conferences, workshops, professional development, speaking engagements, educational events, book promotion, author events, interviews, podcasts, press releases, portfolios, public relations, educational publications, promotional videos, and other legitimate educational, professional, informational, or promotional activities. I understand that electronic materials may be accessible worldwide.

3. NAME AND PROFESSIONAL IDENTIFICATION

Please indicate how DRPAYOPR may identify you when using authorized materials:

[ ] Full Name [ ] First Name Only [ ] Professional Title [ ] Organization / Employer [ ] City / State [ ] Name and Organization [ ] Please keep my identity anonymous

DRPAYOPR will not intentionally disclose unrelated confidential or sensitive personal information.

4. TESTIMONIALS, QUOTES, REVIEWS & WRITTEN CONTENT

I authorize DRPAYOPR to reproduce, display, publish, and distribute testimonials, reviews, statements, quotes, and comments that I voluntarily provide. DRPAYOPR may make reasonable edits for grammar, spelling, punctuation, formatting, length, readability, or clarity, provided that such edits do not intentionally materially change the meaning of my original statement.

5. PHOTOGRAPHS, VIDEO & AUDIO

I authorize DRPAYOPR to use approved photographs, video recordings, and audio recordings in whole or in part. Authorized materials may be reasonably cropped, resized, edited, captioned, formatted, combined with graphics, incorporated into promotional designs, or adapted for different media formats. DRPAYOPR will not intentionally use authorized material in a knowingly false, defamatory, or materially misleading manner.

6. BOOKS, PRODUCTS & PROFESSIONAL SERVICES

I understand that approved photographs, testimonials, quotes, videos, or other materials may be used in connection with marketing or promoting DRPAYOPR services, educational programs, professional development, consulting, speaking engagements, publications, books, resources, presentations, events, and related professional activities. This may include images or recordings of me holding a DRPAYOPR book, attending an event, participating in a training or presentation, providing a testimonial, or reviewing a publication or educational resource.

7. NO COMPENSATION, ROYALTIES OR FINANCIAL INTEREST

Unless specifically established through a separate written agreement, I understand and agree that I will not receive compensation for the authorized use of my image, likeness, voice, photograph, testimonial, quote, review, video, audio recording, or other approved material. This includes no entitlement to royalties, commissions, residual payments, licensing fees, profit sharing, sales proceeds, advertising revenue, contractual benefits, ownership interest, percentages of

book sales, service revenue, training or event revenue, or other financial consideration resulting from the DRPAYOPR brand.

I understand that use of authorized materials in promoting or selling books, services, professional development, consulting, presentations, events, educational materials, or other DRPAYOPR activities does not create a financial or ownership interest for me.

8. DRPAYOPR INTELLECTUAL PROPERTY

Nothing in this authorization transfers ownership of DRPAYOPR intellectual property to me. DRPAYOPR and/or Dr. José L. Santiago Castillo retain their respective rights in applicable trademarks, logos, branding, books, publications, presentations, training materials, educational resources, graphics, marketing materials, original productions, videos, written materials, professional methodologies, and other proprietary content. This authorization does not permit reproduction, distribution, modification, sale, sublicensing, or commercial exploitation of DRPAYOPR intellectual property without separate written authorization.

9. CONTINUING AUTHORIZATION - NO FIXED EXPIRATION DATE

This authorization is provided without a fixed expiration date and is intended to remain effective indefinitely, to the fullest extent permitted by applicable law. I understand that DRPAYOPR may continue using authorized photographs, recordings, testimonials, quotes, reviews, and other approved materials without obtaining additional authorization each time they are used.

I understand that authorized materials may remain in previously printed publications, marketing campaigns, archived websites, social media posts, videos, presentations, publications, books or promotional materials, media archives, and third-party shares or reposts, and that material already publicly distributed may not always be capable of being completely retrieved or removed.

10. RELEASE AND AUTHORIZATION

To the fullest extent permitted by applicable law, I release Dr. José L. Santiago Castillo, DRPAYOPR, and their authorized representatives, agents, contractors, and service providers from claims arising solely from the authorized use, reproduction, publication, display, distribution, or promotion of materials covered by this authorization. Nothing in this agreement is intended to waive any right that cannot legally be waived. This authorization does not permit unlawful, defamatory, intentionally misleading, or otherwise unauthorized uses.

11. VOLUNTARY AUTHORIZATION

I acknowledge that signing this release is voluntary. Except where expressly included as part of a separate written professional agreement, my decision regarding promotional-media authorization does not determine whether I may purchase a DRPAYOPR book, service, training, or other professional offering.

12. ADULT PARTICIPATION & MINOR CHILD AUTHORIZATION

For an adult participant:

[ ] I am 18 years of age or older. [ ] I have legal authority to provide this authorization. [ ] I have read and understand this document. [ ] I have had an opportunity to ask questions. [ ] I voluntarily authorize the uses described in this agreement.

If this release includes an identifiable minor child, complete the information below:

Child's Full Legal Name: _____

Relationship to Child: [ ] Parent [ ] Legal Guardian [ ] Legal Custodian [ ] Other with legal authority: _____

[ ] I confirm that I have legal authority to provide media consent on behalf of the minor identified above.

[ ] I authorize DRPAYOPR to photograph, record, reproduce, publish, display, distribute, and otherwise use the child's image, likeness, voice, and/or approved media content under the terms of this release.

13. DIGITAL / ELECTRONIC SIGNATURE AUTHORIZATION

I agree that my electronic or digital signature may be used as evidence of my acceptance of this authorization to the extent permitted by applicable law. This may include an electronic signature, digital signature, typed signature, signature through an approved electronic-signature platform, or electronic checkbox authorization accompanied by submission of this form. I intend my valid electronic acceptance to have the same effect as my handwritten signature.

14. CLIENT / PARENT / LEGAL GUARDIAN ACKNOWLEDGMENT & SIGNATURE

By signing below, I acknowledge that I have read and understand this Client Media, Testimonial, Photo, Video & Content Release Authorization and voluntarily agree to its terms. If signing for a minor, I confirm that I have authority to consent on the minor's behalf.

Client / Parent / Guardian Printed Name: _____	**Signature:** _____
Date: _____	**Email:** _____
Organization: _____	**DRPAYOPR Representative:** _____
Representative Signature: _____	**Date:** _____

Administrative Note: *This template is intended for DRPAYOPR business use and should be reviewed by qualified legal counsel for applicable jurisdiction-specific requirements before adoption.*