

EVENT NAME _____

CONTACT PERSON (Please Print) _____

CONTACT PERSON EMAIL _____

RELEASE AND AUTHORIZATION FOR USE OF PHOTOGRAPHS



Thank you for allowing us to photograph and/or film you and your work. The University of Pennsylvania regularly photographs or videotapes activities happening on and off its campus as part of its records, and often might put photographs or video on its web site or use them to highlight the research or work of its affiliates. Please take a moment to read and sign the note below, which is a standard release we use to protect all parties' rights.

I hereby grant **The Trustees of the University of Pennsylvania (hereinafter referred to as the "University")**, the right and permission, in connection with the photograph(s) and/or video(s) that were taken of me, the following rights:

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I hereby forever release and discharge the **University** from any and all claims, actions and demands arising out of or in connection with the use of said photographs and/or videos and my name, including, without limitation, any and all claims for copyright infringement, invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of the **University**. I hereby irrevocably waive any moral rights I may have in connection with the **University's** use of any of these photographs.

Please check one:

- _____ I am over the age of eighteen years and I have read the foregoing and fully and completely understand the contents.
- _____ I represent that the subject of the photograph and/or video is a minor and that I am the parent/guardian of the minor and that I have read the foregoing and fully and completely understand the contents.

Please initial:

_____ I acknowledge that I will not receive any royalty, fee, or other type of cash payment for the use and/or uses of the photographs and/or videos that the **University of Pennsylvania** may make of any of the photographs and/or videos.

Subject of photo and/or video (18 and older)

Date

Parent/Legal Guardian signature

Date

Please print

Subject's Name

Parent/Legal Guardian name

Phone: _____

Email Address: _____

Address: _____
