

EVENT NAME _____

CONTACT PERSON (Please Print) _____

CONTACT PERSON EMAIL _____

RELEASE AND AUTHORIZATION FOR USE OF PHOTOGRAPHS



Thank you for allowing us to photograph you and your work. The University of Pennsylvania regularly photographs and/or videotapes activities happening on and off its campus as part of its records, and often might put photographs/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) that were taken of me, the following rights:

to use my photographic image, in any form or application, and the rights to use and reuse, reproduce, distribute, display, and create derivative works from, said photographs and/or videos, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs/videos, and in any form of distribution including use of said images to be used for commercial purposes, and for any purposes whatsoever, including, without limitation, all promotional, fundraising and advertising uses, and other trade purposes; and the right to use my name to credit my role as the subject of the photograph, if the **University** so desires.

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 video 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.

Signing below indicates that:

- I am over the age of eighteen years and I have read the foregoing and fully and completely understand the contents.
- 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 that the **University of Pennsylvania** may make of any of the photographs.

NAME (Please print)	SIGNATURE	DATE
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2. _____	_____	_____
3. _____	_____	_____
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5. _____	_____	_____
6. _____	_____	_____

Please see release and authorization information above. Signing below indicates that:

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SIGNATURE

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