Photograph Release Authorization

INFORMATION [PLEASE PRINT]

YOUR NAME…….....

EMAIL AND/OR PHONE.....

LOCATION.....

DATE .....

AUTHORIZATION TO PHOTOGRAPH/VIDEO AND DISTRIBUTE

I hereby consent to _____ taking photographs/videos of me at the location described above. I understand that _____ may display (or permit others to do so on its/his behalf) all or excerpts of the photographs/videos in any media for educational, news, marketing, advertising, fund-raising or other reasonable academic purposes, and I hereby grant to _____ the irrevocable, royalty-free worldwide right to do so. I further understand that I will not receive any compensation for this release. I represent that I am 18 years of age or older, or the parent or legal guarding of the photographic subject and have read and understand the content of this release and agree to the terms set forth above.

SIGNATURE.....
DATE .....