



Release and Authorization for Use of Photographs, Audio Recordings and/or Videography

Event/Project: _____ (*hereinafter referred to as “_____”*)

Thank you for allowing us to photograph, record and/or film you and your work! The University of Pennsylvania regularly captures activities happening on and off its campus as part of its records and often might put content such as images on its website 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), audio and/or video(s) that were taken were taken in conjunction with _____, the following rights:

to use my photographic, audio and/or videographic image, in any form or application, and the rights to use and reuse, reproduce, distribute, display, and create derivative works from, said photographs, audio and/or videos, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, audio and/or 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 and affiliation to credit my role as the subject of the content, if the **University and/or Foundation** 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, audio 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, audio and/or videos.

Please initial:

_____ 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.

_____ I acknowledge that neither the subject of the photograph nor I as the parent/guardian of the minor will not receive any royalty, fee, or other type of cash payment for the use and/or uses of the photographs, audio and/or videos that the **University of Pennsylvania** may make of any of the photographs, audio and/or videos.

Signature: _____

Please print: Subject’s Name (under 18): _____

Date Signed: _____

Parent/Guardian Name: _____

Parent/Guardian Telephone: _____

Parent/Guardian Email address: _____