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 OFFICE OF UNIVERSITY COMMUNICATIONS

PHOTOGRAPHY CONSENT AND RELEASE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby give permission to the University of Maryland to use and reproduce my image, likeness, voice, and name (collectively, “Image”) and to authorize others to use my Image in any manner the University elects in any and all media now known or hereafter discovered or developed, in perpetuity, throughout the universe including but not limited to reproducing my Image in print publications, web sites, and audio visual broadcasts. I understand and agree that the University will own all rights in my Image, including all rights under copyright.

I expressly waive any right I might have of prior approval over how and where my Image is used and compensation and all rights of privacy and rights accruing under the Family Educational Rights and Privacy Act and the University of Maryland policy that implements that Act. I forever release and discharge the State of Maryland, the University of Maryland, and their respective officers, employees, agents and other persons acting within the scope of their authority from any and all claims or causes of action, now known or later discovered, relating to or arising out of use of my Image, including by not limited to claims for invasion of privacy or misappropriation, right of publicity and defamation arising out of the use and exploitation of my Image.

I represent that I am at least eighteen (18) years of age or, if I am not, that I have secured the signature of my parent or guardian in addition to my own.

I have read the above permission and release prior to its execution and am fully familiar with its contents and meaning.

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are under 18 years of age, please have your parent or legal guardian complete the following:

Name of parent or guardian (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_