



MEDIA CONSENT AND RELEASE

I, _____, hereby authorize _____ the (Institution) _____ to photograph, audiotape, and/or videotape me and grant _____ the (Institution) _____ the right to use my photograph, audio recording, video recording, or any reproduction or modification thereof (the "Photograph," "Audio," and/or "Video"), in any manner or medium throughout the world an unlimited number of times in perpetuity for non-profit educational purposes.

I understand that I will not receive any monetary compensation for the permissions I am granting herein. I hereby waive any right of inspection of approval of the uses to which the _____ the (Institution) _____ may put the Photograph, Audio, and/or Video. I acknowledge _____ the (Institution) _____ will rely on this permission and hereby release and discharge _____ the (Institution) _____ from any and all claims and demands arising out of or in connection with the Photograph, Audio, and/or Video, or the exercise of the permissions granted here, including any and all claims for libel, invasion of privacy or emotional distress.

I understand that I cannot withdraw my consent after I sign this form and that this consent and release is binding on me and my heirs, legal representatives and assigns.

YES NO (please check)

_____ _____ I grant permission for Photographs to be collected and used by _____ the (Institution) _____

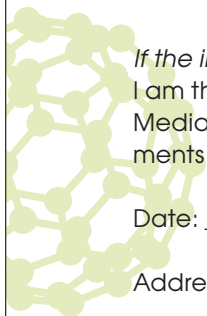
_____ _____ I grant permission for Audio be collected and used by _____ the (Institution) _____

_____ _____ I grant permission for Video to be collected and used by _____ the (Institution) _____

Date: _____ Signature: _____

Address: _____

Telephone Number: _____



If the individual named above is under 18 years of age, please complete the following:

I am the parent or legal guardian of the individual named above, and I hereby sign this Media Consent and Release on behalf of such individual in accordance with the statements above.

Date: _____ Signature: _____

Address: _____

Telephone Number: _____

