

Video and Photograph Authorization

Please check one:

_____ I represent the subject of the photograph who is a minor, and as the parent/guardian of this minor, I do not consent to the below.

I, _____, hereby authorize The Trustees of the University of Pennsylvania ("Penn") and any authorized employee, agent or contractor of Penn to record, video and/or photograph my likeness and voice. I understand that any such recording, videotape and/or photographs belong to Penn and that I will not receive any payment or other compensation in connection with such recording, video or photographs or for any use of them by Penn.

I hereby give Penn, its employees, agents, successors, assigns and those acting with its permission or on its behalf, the right and permission to use, copyright, publish, republish and distribute any such recording, video or photographs of me. I agree that Penn may use such recording, video or photographs, in whole or in part, in any manner and in any media, including in composite, altered, or distorted form. I understand that the uses may include, without limitation, reproductions on the World Wide Web. In conjunction with any printed or electronic matter, and in connection with any efforts publicizing, promoting or otherwise related to Penn. Further, I understand that such recording, video or photographs may be used in lectures, articles, textbooks and other educational materials prepared by or for Penn. I waive any right that I may have to inspect or approve the finished products or materials containing my likeness and/or voice, or the printed matter that may be used in connection with such recording, video or photographs.

Parent/Legal Guardian signature

Date

Please print

Subject's Name

Parent/Legal Guardian name

Phone: _____

Address: _____

Email Address: _____