



Job Number _____ Job Title _____

Photography Release

For valuable consideration herein acknowledged as received, I hereby grant to Virginia Commonwealth University (VCU), its affiliates, legal representatives, and assigns, and those acting with VCU's authority and permission, the irrevocable right and permission to:

1. Record my image and/or voice on and/or in a photographic, video, audio, digital, electronic, or any other medium;
2. Use, modify, reproduce, exhibit and/or distribute any such recording, in whole or in part, in any medium now known or hereafter developed in connection with any publication or materials relating to or serving the mission and goals of Virginia Commonwealth University or Virginia Commonwealth University Health System, including advertisements, brochures, other promotional materials, or commercial purposes.
3. Use any such recording with or without my name.

I acknowledge and agree that VCU owns all right, title, and interest in and to the recordings, including all copyrights therein. I hereby waive any right I may have to inspect or approve the Images or any finished product or products incorporating the recordings and any written or other print material that may be used in connection therewith, including print material containing my name. I acknowledge that nothing in this Agreement obligates VCU or any third party to make any use of the recordings. I release VCU and those acting pursuant to its authority from liability for any violation of a personal or proprietary right I may have in connection with all such recordings and uses.

I hereby warrant that I am of legal age and have the right to contract in my own name. I have read the above Photography Release prior to its execution, and I am fully familiar with its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name(Print) _____ Date _____

Signature _____ Ph: _____

Address _____ City _____ State _____ Zip _____

Unique Description _____

If the subject is a minor, the individual signing below is the parent or legal guardian of the Minor named below, and has authorization to sign on behalf of the Minor.

Parent or Guardian Name(Print) _____ Date _____

Parent or Guardian Signature _____ Ph: _____

On behalf of Minor Name (Print) _____

Address _____

City _____ State _____ Zip _____



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Photography Release (additional signatures)

I hereby warrant that I am of legal age and have the right to contract in my own name. I have read the Photography Release on the other side of this page prior to its execution, and I am fully familiar with its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name (*print*) _____ Date _____

Signature _____

Phone or Email _____

Unique Description _____

Name (*print*) _____ Date _____

Signature _____

Phone or Email _____

Unique Description _____

Name (*print*) _____ Date _____

Signature _____

Phone or Email _____

Unique Description _____

Name (*print*) _____ Date _____

Signature _____

Phone or Email _____

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Name (*print*) _____ Date _____

Signature _____

Phone or Email _____

Unique Description _____