Photo Release Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to be photographed on \_\_\_\_\_\_\_\_\_\_ date, and I hereby assign and grant NYS Women, Inc. and NYS Career Development Opportunities, Inc., its assigns and their affiliates and successors (collectively hereinafter “Assigns”) all right, title, and interest to and permission to copyright, use, publish, and republish photographs/videos of me taken on such date, and reproductions thereof, in any form, whether in whole, part or composite form, electronic, digital, blurred, altered or distorted, in color or black and white, video or otherwise for advertising, newsletters, marketing brochures, training materials and marketing materials, internal and external distribution or any other lawful purpose in any lawful manner. I hereby waive any right to inspect or approve any final product. I acknowledge that you will rely on this permission, potentially at substantial cost to you, and I hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permission granted hereunder. I am aware that there will be no compensation made payable for the use of the images.

I have been advised that I am not required to be in the photographs/videos, and I have voluntarily appeared for the photographs.

**I have read and understand the above.**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (print) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_