



PHOTOGRAPH & VIDEO RELEASE FORM

I hereby grant York College of Pennsylvania (“York College”) the irrevocable right and permission to produce and use any photographs, portraits, pictures, videos and audio recordings of my image, likeness and/or sound of my voice as recorded on audio or video tape without payment or consideration to me.

I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the College.

I also understand that this material may be used in diverse educational settings within an unrestricted geographic area. Photographic, audio or video recordings may be used for the following purposes:

- Advertisements;
- Publications;
- Promotional materials;
- Educational materials;
- Derivative works;
- Informational presentations;
- The York College website; or
- Any other similar purpose.

By signing this release, I understand and agree that any portraits, pictures, photographs, video and audio recordings of me may be electronically displayed via the Internet or in the public educational setting. I also understand and agree that I may be identified by name and/or title in any printed or broadcast information that might accompany the portraits, pictures, photographs, video and audio recordings of me.

I will be consulted about the use of any portraits, pictures, photographs, video and audio recordings for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to portraits, pictures, photographs, video and audio recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____

Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 18, then the signature of a parent or legal guardian is also required.

Parent's Signature _____ Date _____