

## PHOTO/VIDEO RELEASE FORM

DATE: \_\_\_\_\_

EVENT: \_\_\_\_\_

Dear Sir or Madam,

I acknowledge that I have been informed that Cold Spring Harbor Laboratory (Cold Spring Harbor, New York) ("CSHL"), may wish to use my and/or my child's face, likeness, name, hometown, and quotes attributed to me in a print publication, brochure, TV commercial, newspaper, web/internet site, or other media. In consideration of my desire to appear and be quoted without compensation on film, tape, photographs or otherwise, I irrevocably grant to CSHL, its licensees and assignees permission in perpetuity to use my likeness and/or any alteration thereof in print and/or any other media publicizing and promoting the program(s) in which I appear and/or other services. I release CSHL, its licensees, and assignees from any and all claims which I may have at any time by reason of any such appearance of use, or the exercise of any such right. I understand that nothing shall require CSHL to include me in any program or commercial or brochure or otherwise distribute any program.

### If over 18 years of age, sign on own behalf

Print Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### If person/student under 18 years of age parent/guardian MUST complete:

I am a **parent/guardian** of the below minor, and I hereby agree that such minor and I will be bound by all the above terms.

Print Child's Name(s): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_