



HACKWCU

PHOTO RELEASE FORM

By checking the box, I hereby agree and consent as follows.

A. I consent and authorize West Chester University, located at 50 Sharpless St, West Chester, PA 19383 to use my likeness in any photograph, video or other digital media ("Photos") in any and all of its publications, including print or web-based publications.

B. I irrevocably authorize West Chester University to copy, edit, enhance, crop, or otherwise alter any Photo for use in their publications. I also waive any rights for approval or inspection of any Photos.

C. I understand and agree that all Photos are the property of West Chester University, and will not be returned to me.

D. I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the Photos.

E. I agree to release and forever discharge West Chester University and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, and anyone claiming on behalf of me, may have or claim to have against Releasee in connection with this Release.

F. I have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly and voluntarily signing.

