

ASSIGNMENT OF PHOTOGRAPHIC, MOTION PICTURE, VIDEO, AND SOUND RECORDING RIGHTS

I, _____, hereby authorize _____ (the "Organization")

Name (please print)

and its officers and agents to photograph, record, film, or videotape me.

I understand that any photograph, sound recording, motion picture, or video taken of me under this assignment is for the purpose of collecting and/or representing factual information in the interest of serving the Organization's mission of research, education, and public service, and for promoting the public good.

I hereby assign to the Organization all rights, title, and interest, including copyright, in and to any and all such photographs, sound recordings, motion pictures, or videos, and I hereby irrevocably authorize the Organization, its officers and agents, without limitation, to reproduce, copy, sell, exhibit, publish, or distribute, in any medium now known or later developed, any and all such photographs, sound recordings, motion pictures, or videos in perpetuity for the purposes expressed above.

I further release and forever discharge the Organization, its officers and agents from any and all claims and demands arising out of or in connection with the use of said photographs, sound recordings, motion pictures, or videos, including but not limited to any and all claims for invasion of privacy, defamation, or infringement of copyright.

I have read and understood the provisions of this agreement, and understand that I am free to obtain advice from legal counsel of my choice, at my expense, to interpret these provisions. By signing below, I acknowledge that I have freely and voluntarily entered into this agreement.

If I do not sign below, I have not entered into this agreement, and do not give my consent to the Organization and its officers and agents to photograph, record, film, or videotape me or the person named above.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

I hereby certify that I am over 18 years of age: _____

Initials

For subjects under 18 years of age: I hereby certify that I am the parent or guardian of the person named above, and I do hereby give my consent without reservation to the foregoing on behalf of him or her.

SIGNATURE OF

PARENT OR GUARDIAN: _____ DATE: _____

PRINT NAME: _____

I have read and received a copy of this release: _____

Minor's Initials