



## Photo Subject Release Form

I do hereby give permission to the Institute for Advanced Learning and Research (IALR), its agents, and others working under its authority, to create and use videos, photographs, and/or consent for statement and/or testimonials containing my image/likeness, including without limitation the unlimited and perpetual right to reproduce, display and disseminate any such video and/or photographs in any traditional or electronic media format. I understand and acknowledge that such video and/or photographs will be owned by IALR and, further, that such video and/or photographs may be used for promotional, news, research and/or educational purposes. I hereby release, discharge, and hold harmless IALR and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video.

I do further certify that I am either of legal age, or possess full legal capacity to execute the foregoing authorization and release.

Participant Name: \_\_\_\_\_

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

Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

If the individual named above is under 18:

I, \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Guardian Name: \_\_\_\_\_

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

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

If you do not wish to grant permission:

I **do not** hereby give permission to the Institute for Advanced Learning and Research, its agents, and others working under its authority, to create and use videos and/or photographs containing my/my child's image/likeness.

Participant Name: \_\_\_\_\_

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

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