



MARYMOUNT
UNIVERSITY

2807 North Glebe Rd., Arlington, Virginia 22207

Photography/Video Consent and Release

I authorize Marymount University to record and publish all photographs and videos in which I appear or speak that are taken by or for Marymount ("Recordings"). I agree that the University may use, reproduce, publish, perform or distribute these Recordings, for any purpose, including promotional and advertising use, alone or in combination with other recordings, in all media (print and electronic). Recordings may be edited, e.g. to conform to space and time requirements, applicable laws and regulations, telecast and publishing policies, and to insert commercials and other announcements. This right and permission includes, but is not limited to, use of my name, voice, photograph or likeness, and biographical information. I release all claims against Marymount and others with respect to the copyright, publication, or use of such photographs or videos, including any claim for compensation related to the use of the Recordings permitted herein.

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____

Your Name (Printed): _____

Date of Photo/Video Shoot: _____ Signature: _____

Signature of Parent or Guardian (if under age 18): _____ Date: _____