

Consent to Photograph Release

In conjunction with my participation in a Center for the Advancement of STEM Education (CASE) Program at Bridgewater State University (hereinafter “the University”), I hereby grant permission to the University and its trustees, officers, employees, students, agents and authorized representatives to take photographs, video recordings, or other media that contain or capture my likeness or voice (hereinafter “Images”) and to use the Images for publication or display by the University in in any media, including without limitation, newspapers, journals, books, display boards, advertisements, pamphlets, brochures, calendars, web pages, digital readers and assistants, mobile phones and other mobile electronic devices, artistic projects, movies, videos, television shows, and live streams without notifying me and without compensation to me.

I understand that in the course of its use and publication of any photographs, the University will not disclose: my last name; the last name(s) of my family members, including my minor children; other personally identifying information; any personal information about me or my family members, including my minor children. I understand that even though my last name will not be used, it is possible that someone may recognize me based upon the Images alone.

All right, title, and interest in the Images belong solely to the University. The University has the right and may allow others outside the University to copy, edit, alter, retouch, revise and otherwise change the Images at the University’s discretion. I hereby agree that the University may license others to use all or any portion of the photographs, and may use my first name and likeness in or for identifying the Images, and in any related or derivative versions of the photographs, in connection with the promotion of the University’s programs. I hereby waive my right to inspect or approve the finished product, including but not limited to, written copy and/or posting Images on websites that may be created in connection therewith.

I understand and agree to the conditions outlined in this Consent to Photo Release. I irrevocably give consent to the Commonwealth of Massachusetts, the Board of Higher Education, the University, and their trustees, officers, employees, students, agents, successors, licensees, and assigns (“Releasees”) forever to make use of my first name, image, and likeness in the Images as described above. I hereby waive and release any and all claims against the Releasees relating to the use of my first name, image, and likeness in the Images. I understand that the University cannot control the use of my first name or the photograph once such name or photograph is published. I acknowledge that nothing in this Consent to Photograph Release obligates the University or any third party to make any use of the Images. This Consent to Photograph Release is binding not just on me, but also on my heirs, beneficiaries, and assigns.

I acknowledge that I am fully aware of the contents of this Consent to Photograph Release and am under no disability, duress, or undue influence at the time of my signing of it.

I understand that I may refuse to sign this Consent to Photo Release.

I warrant that I am of legal age and have the right to contract in my own name. I have read this document prior to signing it, and I am fully familiar with its contents.

Program, Date

Name (please print)

Signature

Date

If the subject is a minor, please have parent or guardian complete below:

Program, Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

On behalf of Minor Name (Print)