Photography/Videography Consent Form

Date:_______________   Event or reference no.: __________________________________

I give my permission to the University of Pittsburgh to take and use photographs and video of me for promotional purposes, including, but not limited to, use in University publications, public relations, Web sites, advertising, fundraising, and/or other marketing communications materials.

I understand that I will not be paid for these photographs or videos and have no rights to them. I release the University of Pittsburgh, its employees, and its agents from any and all claims of harm or otherwise that may occur from showing, using, or distributing these photographs or videos in print, electronically, or via any other method.

I have read this form or have had it read to me. I understand what it says and agree to its terms.

I understand that I am required to have a parent or legal guardian sign this form as well if I am under 18 years of age.

Sign Name                                                                             Print Name

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Parent or Guardian (if under 18): __________________________________________________________