PHOTOGRAPHY CONSENT FORM

I, ____________________________(name of student), give my permission to the University of Pittsburgh to take and use my name and/or photographs 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 and have no rights to them. I release the University of Pittsburgh, its employees, and its agents from any and all claims whatsoever of harm or otherwise that may occur from showing, using, or distributing these photographs.

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 guardian sign as well if I am under 18 years of age.

Signed (student): __________________________

Date: ____________________________________

Parent or Guardian (if under 18): (name) __________________________

Parent or Guardian (if under 18): (signature) __________________________

Date: ____________________________________

Reference: __________________________________________

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