



Shoot Location/Date \_\_\_\_\_

### IMAGE AUTHORIZATION AND RELEASE

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I make this grant of rights with the understanding that no compensation will be paid to me by the University for such grant. I understand and agree that all right, title and interest, including copyrights, in the materials created by the University pursuant to this agreement are the exclusive property of the University and that I will obtain no rights in such materials. I also understand that the University is not actually required to use my photograph or likeness in any way.

This agreement will be governed by the laws of The Commonwealth of Massachusetts and represents the final and exclusive agreement between the University and me on this subject.

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

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

Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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

\* \* \* \* \*

If the person named above is a minor, a parent or legal guardian must complete the following:

I warrant that I am the legal guardian of the minor being photographed or whose likeness will appear in photograph(s) or other media as designated by the University and agree to the above.

Parent/Guardian Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_