

FORDHAM UNIVERSITY

PHOTOGRAPH CONSENT AND RELEASE FORM

Parent/Guardian Name (Please Print) _____

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I also consent and permit such images or depictions of my child to be used by the University for any purpose, including, but not limited to, illustration, trade, advertising or promotion. I understand and agree that the University may publish such images or depictions of my child without my or my child’s notification prior to or after such publication. I also grant to the University permission to edit, crop, retouch, or otherwise alter such images or depictions of my child, and waive any privilege to inspect such images or depictions prior to publication. I understand that the University may use the images or depictions of my child with or without associating my or my child’s name thereto, and I waive any right to approve any copy associated with such images or depictions prior to publication. I also waive any claim for compensation of any kind for the use or publication of the images or depictions of my child.

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Parent/Guardian Signature: _____

Date: _____