FORDHAM UNIVERSITY

PHOTOGRAPH CONSENT AND RELEASE FORM

Name (Please Print) _____________________________________________________________

By signing this form, I grant permission to Fordham University and its successors, licensee, and assigns (hereinafter referred to as “the University”) to photograph me or otherwise record my image, likeness, or voice, and to publish such image in any form, including, but not limited to, print, electronic, video, or Internet.

I also consent and permit such images or depictions 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 without my 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, and waive any right to inspect such images or depictions prior to publication. I understand that the University may use the images or depictions with or without associating my name thereto, and I waive any privilege 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.

I also waive any claim for damages of any kind including, but not limited to, invasion of privacy or misappropriation, arising out of the use or publication of such images or depictions by the University. I agree that any intellectual property rights associated with such images or depictions are the sole property of the University.

Signature: ___________________________     Date: ______________________