



Media Consent and Release Form Minors on Campus

Parent/Guardian Name (Please Print) _____

Program Name and Date: _____

Minor/Participant Name: (Please Print) _____

By signing this form, I grant permission to Fordham University and its successors, licensees and assigns (hereinafter referred to as “the University”) to photograph my child (Print Name) _____ or otherwise record my child’s 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 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 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.

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 of my child by the University. I agree that any intellectual property rights associated with such images or depictions of my child are the sole property of the University.

Parent/Guardian Signature: _____ Date: _____