Stanford University Photo Release Form

I hereby grant Stanford University permission to use my likeness in a photograph and or video in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Stanford University.

I hereby irrevocably authorize Stanford University to edit, copy, exhibit, publish or distribute this photo for purposes of publicizing Stanford University’s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Stanford University from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

________________________
Print Name

__________________________  _______________________
(Signature)                  (Date)

FOR MINORS:
I hereby certify that I am the parent or guardian of ________________________________, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

__________________________  _______________________
(Parent/Guardian’s Signature)                (Date)

__________________________  _______________________
(Parent/Guardian’s Printed Name)                (Date)