

Photography/Video Consent Form

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Signing this Consent Form means that you have given the University, including its employees, contractors and representatives, permission to select you and/or those you represent to be photographed and to photograph in any format or medium, including as set forth below.

I/We, the undersigned, hereby knowingly authorize the use, sale, distribution, publication and reproduction in perpetuity of any and all such photographs, motion pictures, videotapes, electronic recordings, or any other medium or format now known or later invented, which have been taken of me or of those I represent for any educational or promotional purpose, including but not limited to (1) electronic publication on the University of Illinois or UIC websites (2) for use/publication in the University or UIC publications and/or newsletters (published either electronically and posted on the websites or on paper and distributed freely), (3) for use in displays or advertisements promoting the University and/or any of its programs and (4) for any other educational or promotional purpose, publication, instructional situation or similar endeavor.

I further understand that the University of Illinois will be unable to prevent unauthorized persons from gaining access to the Internet/World Wide Web or successor electronic medium and the University websites and, as such, will be unable to prevent the copying, alteration or republication of my image. I understand and agree that I will not be compensated in any way for the use of said images and all photographs, negatives, film reels, transparencies, and/or digital files or other mediums, their content, and all copyrights or other intellectual property rights therein shall be the sole property of the Board of Trustees of the University of Illinois.

My authorization includes the modification or retouching of such images as the University deems necessary or appropriate.

I/We hereby release, indemnify and forever discharge the Board of Trustees of the University of Illinois, its trustees, officers, agents, employees, volunteers, contractors, and assigns of and from any and all claims and/or damages arising out of or in any way connected with the taking, use, sale, distribution, publication and/or reproduction of my images or of those I represent.

I/We represent that I am/We are over eighteen (18) years of age or older.

Signature of person being photographed

Print Name Clearly

Date

Signature of Witness

Print Name Clearly

If the person to be photographed is under eighteen years of age, the following applies.

I represent that I am the parent or guardian of _____

I hereby consent to the foregoing on his/her behalf.

Signature of Parent or Guardian

Print Name Clearly

Date

Signature of Witness

Print Name Clearly

Tracking Number