**Shippensburg Area School District Art Department**

**Permission for Photography/Videography**

Without any compensation of any kind due to use in a student project, I grant to the Photographer and to Shippensburg Area School District the absolute and irrevocable right and unrestricted permission concerning any photographs or video clips taken of me (or my minor child) or those in which I (or my minor child) may be included with others, to use, reuse, publish, and republish the photographs or video clips in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration.

I release and discharge the Photographer and Shippensburg Area School District from any and all claims and demands that may arise out of or in connection with the use of the photographs and/or video clips, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Photographer and Shippensburg Area School District. I am a legally competent adult and have the right to contract in my own name (or my minor child). I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

**MODEL’S NAME:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MODEL’S EMAIL ADDRESS:**

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**MODEL’S MAILING ADDRESS:**

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**IN CONSIDERATION OF HAVING RECEIVED (i.e. Photos/Compensation/etc)**

No compensation received- photos or video to be used in a student project

**IN RETURN FOR POSING FOR PHOTOGRAPHS TAKEN ON (date):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AT (location):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MODEL’s SIGNATURE (or signature of parent or legal guardian)AND DATE:**

\*If the Model is under 18 year of age, a parent or legal guardian must sign