Minor Model Release

University of Delaware - Photo Services, Digital Content and Social Media

I, as parent or guardian of the minor identified below, hereby grant the University of Delaware, the absolute and irrevocable right and unrestricted permission to use, reproduce, publicly display and publish any photographic or videographic images taken of me and/or the minor, and all derivative works thereof, including any likeness or image, in conjunction with my or the minor's name, in print, electronic and all other media, for illustration, promotion, art, publicity, advertising or any other purpose. This grant further applies to all copyrightable works created in whole or in part by me or the minor, and extends to the University of Delaware, its legal representatives, successors and assigns, and all persons acting under its permission or authority (collectively, the "University").

I understand that the images of me, the minor and/or the copyrightable works may be incorporated into other works and may be protectable by copyright, and I agree that any copyright in same shall be the sole property of the University.

I hereby waive any right that the minor or I may have to inspect or approve any materials that may be used in connection therewith, or the use to which it may be put.

I hereby release, discharge and agree to hold harmless the University from all liability in connection with any such activities and materials, as well as any publication thereof, including with respect to any claims relating to copyright ownership, publication, privacy and publicity, and any claim for compensation related to any use of such materials.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that

I have read the above authorization, release and agreement prior to its execution and that I am fully familiar with the contents hereof.

*To opt out, please provide the minor's name and the parent/guardian's name, signature, and email address (for identification purposes) on the back of this form.

Name of Minor	Name of Parent/Guardian	Signature of Parent/Guardian	Email address or phone number	City/State (home)
				R

Date:	
Event:	
UD Coordinator:	
Witness:	