

Publications/Photo/Audiovisual Recording Release

Event: _____

The undersigned, by indicating his or her agreement below, does hereby authorize The Trustees of Columbia University in the City of New York (the "University"), and those acting pursuant to its authority to:

- a) Record my participation and appearance on video, audio, film, or any other medium in connection with the above referenced event ("Recordings").
- b) Use my name, likeness, voice and other personal characteristics in connection with these Recordings.
- c) Use, publish, reproduce, exhibit, display, distribute, broadcast, edit and digitize, and make derivative works based upon, such Recordings in whole or in part, by any method and in any media, whether now existing or later created, including without limitation social media and Internet platforms, without restrictions or limitation for any purpose which the University, and those acting pursuant to its authority, deem appropriate.

I agree that I have received adequate consideration for my participation in the event and the rights granted hereunder, and I will receive no additional compensation or other consideration. Without limitation, I waive any right to royalties or other compensations arising or related to the use of my image. I further waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I understand that the University owns all copyright and other rights in and to the Recordings and is free to distribute and exercise other rights to the Recordings as it determines without obligation to me. My agreement is irrevocable. I hereby hold harmless and release and forever discharge the University from all claims, demands, and causes of action which I, my heirs representatives, executors, administrators, or any other person acting on my behalf or my estate may have by reason for this authorization.

AGREED [Signature]: _____ **Dated:** _____

Name [Printed name]: _____

Email: _____

Phone No.: _____

Address: _____

Signature: Parent/Guardian Signature (if under 18): _____

Dated: _____