

Photo and Video Release Form

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Date of Event/Program: _____

Title of Event/Program: _____

I also consent to the use of any printed, video and or media including web and social media matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I understand that I shall not be entitled to any remuneration of any kind for any use of my likeness.

I further understand and agree that University of Pittsburgh School of Health and Rehabilitation Sciences, Department of Rehabilitation Science and Technology shall have and retain all worldwide rights of ownership, distribution and use of my likeness in all forms and that any reproduction, distribution or use at any time or in any way, commercial or otherwise, of all or any portion of my likeness is not subject to any prior written or other consent by me.

I hereby release, discharge and agree to save harmless University of Pittsburgh School of Health and Rehabilitation Sciences, Department of Rehabilitation Science and Technology, their legal representatives or assigns, and all persons under their permission or authority or those for whom they are acting, from any liability by virtue of the use of my likeness.

I hereby warrant that I am of full age and have every right to contract in my own name 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 thereof.

I Have Read This Entire Release, Fully Understand It, And Agree to:

University of Pittsburgh, School of Health and Rehabilitation Sciences,
Department of Rehabilitation Science and Technology

I HAVE READ THIS ENTIRE RELEASE FORM, FULLY UNDERSTAND IT, AGREE TO IT AND INTEND TO BE LEGALLY BOUND BY IT.

Initial: _____ Date: _____

(PLEASE SEE SIDE TWO FOR ADDITIONAL INFORMATION)

Photo and Video Release Form

Date: _____

Name (Signature):

Name (Print):

Address (Print):

City

State

Zip Code

Date: _____

Witness name (Signature):

Witness name (Print)

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ADDITIONAL INFORMATION FOR THIS FORM AND THE USAGE OF THE PHOTO OR VIDEO

PLEASE CONTACT THE UNIVERSITY OF PITTSBURGH, SCHOOL OF HEALTH AND REHABILITATION SCIENCES, DEPARTMENT OF REHABILITATION SCIENCE AND TECHNOLOGY BY TELEPHONE AT (412) 383-6596, FAX: AT (412) 383-6597, TDD AT (412) 383-6598. YOU CAN ALSO GET ADDITIONAL INFORMATION ABOUT THE DEPARTMENT AT WWW.SHRS.PITT.EDU/RST.