

**Museum of Science/ Multi-Site Public Engagement with Science/ NISE Network
Photo Consent and Release**

I, _____, hereby authorize _____ and the Museum of Science, Boston, MA (the "Museums"), as agents acting for and on behalf of the Multi-Site Public Engagement with Science project (MSPES) and the NISE Network, and its partners, agents, representatives, assigns, successors in interest and licensees, to photograph, audiotape, and/or videotape me and grant the Museums and their partners the irrevocable right to use my photograph, audio recording, video recording, or any reproduction or modification thereof (the "Photograph", "Audio", and/or "Video"), in any manner or medium throughout the world an unlimited number of times in perpetuity in advertising, trade, promotion, exhibition, or any other lawful purpose.

I understand that I will not receive any monetary compensation for the permissions I am granting herein. I hereby waive any right of inspection or approval of the uses to which the Museums and the MSPES project and NISE Network may put the Photograph, Audio, and/or Video. I acknowledge the Museums and the MSPES project and NISE Network will rely on this permission and hereby release and discharge the Museums and the MSPES project and NISE Network from any and all claims and demands arising out of or in connection with the Photograph or the exercise of the permissions granted here, including any or all claims for libel, invasion of privacy, or emotional distress.

I understand that I cannot withdraw my consent after I sign this form and that this consent and release is binding on me and my heirs, legal representatives and assigns.

YES NO (please check one)

- I grant permission for Photographs** to be collected and used by the Museums and the MSPES project and NISE Network.
- I grant permission for Audio** to be collected and used by the Museums and the MSPES project and NISE Network.
- I grant permission for Video** to be collected and used by the Museums and the MSPES project and the NISE Network.

Date: _____ Signature: _____

Address: _____

Telephone Number: _____ Email Address: _____

If the individual named above is under 18 years of age, please complete the following:

I am the parent or legal guardian of the individual named above, and I hereby sign this Media Consent and Release on behalf of such individual in accordance with the statements above.

Name: _____

Date: _____ Signature: _____

Address: _____

Telephone Number: _____