

Museum of Science and NISE Network Photo Consent and Release

I, _____, hereby authorize _____ and the Museum of Science, Boston, MA (the "Museum") as agents acting for and on behalf of the Nanoscale hereby authorize the Museum of Science, Boston, MA (the "Museum") as agent acting for and on behalf of the Nanoscale Informal Science Education (NISE) Network, and its agents, representatives, assigns, successors in interest and licensees, to photograph, audiotape, and/or videotape me and grant the Museum and the NISE Network 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 for 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 of approval of the uses to which the Museum and the NISE Network may put the Photograph, Audio, and/or Video. I acknowledge the Museum and the NISE Network will rely on this permission and hereby release and discharge the Museum and the 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 and 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)

 I grant permission for Photographs to be collected and used by NISE Network

 I grant permission for Audio be collected and used by NISE Network

 I grant permission for Video to be collected and used by NISE Network.

Date: _____ Signature: _____

Address: _____

Telephone Number: _____

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: _____

