

Science Museum of Minnesota and NISE Network Photo Consent and Release

I, _____, hereby authorize the Science Museum of Minnesota and Arizona State University (the "Organizations") as agents acting for and on behalf of the Frankenstein200 project and National Informal STEM Education Network (NISE Network), and its agents, representatives, assigns, successors in interest and licensees, to photograph, audiotape, and /or videotape me and grant the Organizations and the Frankenstein200 project 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 Organizations and the Frankenstein200 project may put the Photograph, Audio, and /or Video. I acknowledge the Organizations and the Frankenstein200 project will rely on this permission and hereby release and discharge the Organizations and the Frankenstein200 project 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 the Organizations and Frankenstein200 project

 I grant permission for Audio be collected and used by the Organizations and Frankenstein200 project

 I grant permission for Video to be collected and used by the Organizations and Frankenstein200 project.

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: _____