



PHOTOGRAPH & VIDEO RELEASE FORM

I hereby grant permission to Cincinnati Arts Association to the rights of my image, likeness and sound of my voice as recorded for audio or video without payment or any other consideration ONLY for the purposes outlined below. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio, or video recordings may be used for the following purposes as it relates to the promotion and support of the Cincinnati Arts Association's Education & Community Engagement programs:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos
- CAA submissions to secure funding or to report to funding sources
- CAA organizational social media (Facebook, twitter, YouTube, video content, etc.) and print materials (brochures, flyers, posters, annual report, etc.)
- PR/media (TV, radio, print, digital) that promotes CAA's Education & Community Engagement programs

By signing this release, I understand this permission signifies

- That photographic or video recordings of me may be electronically displayed via the Internet or in the public educational, medical, or philanthropic setting.
- I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.
- There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against Cincinnati Arts Association and/or any person utilizing this material for educational, promotional, and/or marketing purposes for the Cincinnati Arts Association.

Student Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a person under the age of 19, then the signature of that person's parent or legal guardian is required below.

Parent/Guardian Signature: _____ Date: _____

If you do not give the Cincinnati Arts Association permission to use photographic, audio, or video recordings, please complete the fields below.

Student Name _____ Parent/Guardian Signature _____ Date: _____