

Summer Studio Workshop Photo Release Form

GRANT

I hereby irrevocably give to The Art Institutes International Minnesota and its parent and affiliated companies and schools, including without limitation Education Management LLC and The Art Institutes International, LLC (collectively, the "Schools") and the Schools' assigns, licensees, and successors the right to photograph, film, and/or videotape me and/or to otherwise record my image and/or likeness and to use, publish, display, reproduce, copy, and distribute my image and/or likeness, in all forms of media now known or later developed, including composite or modified representations and including on the Internet, for promotional activities for the Schools, including advertising, direct mail, catalogs, websites, exhibitions, film festivals, and classroom presentations, throughout the world and in perpetuity. The Schools are permitted, although not obligated, to include my name in connection with my image and/or likeness. I waive the right to inspect or approve versions of my image and/or likeness used for publication or the written copy that may be used in connection therewith and agree that the Schools shall not be liable to me for any distortion or illusionary effect resulting from the use, publication, or display of my image or likeness. The Schools are not obligated to utilize any of the rights granted in this Agreement. I agree that I shall have no ownership of or other rights in the photographs, film, videotapes, or other recordings of my image and/or likeness taken or made by or on behalf of the Schools. I understand that the Schools shall not be responsible for unauthorized duplications/use of my image and/or likeness by third parties on the Internet or otherwise.

RELEASE

I release the Schools and the Schools' assigns, licensees, and successors from any claims that may arise regarding the use of my image and/or likeness, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

SIGNATURE

I have read, understand, and agree to the terms of this Agreement.

Name (print): _____ Date: _____

Signature: _____

Address: _____

PARENT/GUARDIAN CONSENT

[Please execute if the subject of this Photo Release is under 18 years of age.]

I am the parent or guardian of the minor named above, who is aged _____. I have the legal right to consent to and do consent to the terms of this Agreement.

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

Accredited Member, ACICS

See aiprograms.info for program duration, tuition, fees, and other costs, median debt, federal salary data, alumni success, and other important info.