

Photo Usage Release Form

I,, hereby grant and aut	horize Columbia
University in the City of New York the right to take, edit, alter, copy, exhibit	, publish, distribute
and make use of any and all pictures or videos taken of me to be used in and	
promotional materials including, but not limited to, newsletters, flyers, poste	
advertisements, fundraising letters, annual reports, press kits and submission	
websites, social networking sites and other print and digital communications	·
any other consideration. This authorization extends to all languages, media, to	
now known or hereafter devised. This authorization shall continue indefinite	ly, unless I
otherwise revoke said authorization in writing.	
I understand and agree that these materials shall become the property of Colu	ımbia University in
the City of New York and will not be returned.	aniora oniversity in
I hereby hold harmless, and release Columbia University In the City of New	
liability, petitions, and causes of action which I, my heirs, representative, exe	
administrators, or any other persons may make while acting on my behalf or	on behalf of my
estate.	
PARTICIPANT NAME(S):	
Parent or Guardian Name: (Required if participant is under 18 years old)	
r arent or Suardian Name. (Nequired if participant is under 10 years old)	
Participant Signature(s):(or Parent or Guardian Signature if Participant is ur	ndor 10 voore old)
Faiticipant Signature(s).(or Farent or Guardian Signature ii Farticipant is ui	ider to years old)
Date:	