

## Photographic, Video, Motion Picture and Sound Recording Rights Release & Assignment

I, \_\_\_\_\_, hereby authorize THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (the “University”) and its officers, agents, and employees to photograph, film, videotape, or record me and use my name, voice and/or likeness in such photograph, film, video, or other recording taken or made by the University or provided by me.

I understand that any photograph, sound recording, motion picture, or video or other recording taken of or provided by me under this agreement (“Material”) can be used for any purpose including serving the University of California’s mission of research, education, and public service, and for promoting the public good.

I hereby assign to the University all rights, title, and interest, including copyright and rights of publicity that I may have in and to any and all such Materials. I hereby irrevocably authorize the University, its officers, agents, and employees, without limitation, to reproduce, copy, sell, exhibit, publish, or distribute any and all such Materials in perpetuity. I enter into this agreement for good and valuable consideration, the receipt and sufficiency of which I acknowledge, and understand and agree that I will not receive monetary payment for any use of the Material by University.

I further release and forever discharge and agree to hold harmless the University, its officers, agents, and employees from any and all claims and demands—including but not limited to any and all claims for violation of rights of publicity, invasion of privacy, libel, defamation, or copyright infringement.

I warrant that I am fully of age and have the right to contract in my own name. This agreement will be binding upon me, my heirs, legal representatives, and assigns.

I have read and understood the provisions of this agreement, and understand that I am free to obtain advice from legal counsel of my choice, at my expense, to interpret these provisions. By signing below, I acknowledge that I have freely and voluntarily entered into this agreement.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I hereby certify that I am over 18 years of age: \_\_\_\_\_ (INITIALS)

FOR SUBJECTS UNDER 18 YEARS OF AGE: I hereby certify that I am the parent or guardian of the person named above, and I do hereby give my consent without reservation to the foregoing on behalf of him or her.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

I have read and received a copy of this release: \_\_\_\_\_ (MINOR’S INITIALS)

Witnessed By:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

*Original to be retained by Department*

