VILLANOVA UNIVERSITY

Photograph & Recording Consent & Release Form

For completion by Villanova Representative:

Date(s) of Event, Program, Photograph(s) or Recording:	**Description of Event, Program, Photograph(s) or Recording(s)** *(e.g., event/program name & description, subjects & locations of photos/recordings, etc.)***:**
January 23, 2027, January 30, 2027, February 6, 2027, February 20, 2027, February 27, 2027 March 13, 2027, March 20, 2027	**The VESTED program is held seven (7) Saturdays, on the Villanova University Campus Engineering Academy for 8th - 12th grade students**

Intending to be legally bound, I hereby release and consent to Villanova University, and those acting on Villanova's behalf and authority (collectively, the "Releasees"), photographing, recording, reproducing and using my image, voice, artistic or dramatic performance, actual or fictitious name and biographical information, and any quotes or testimonials given by me on the above date(s) (collectively "My Likeness"), in the photographs(s) and recording(s) described above in any medium, form, or format (the "Recording"). I hereby release Villanova University and those acting on Villanova University's behalf and authority from liability for any violation of any personal or proprietary right I may have in connection with My Likeness, the Recording, and any use thereof.

I agree that all rights to the Recording, including future and other rights not specifically enumerated herein, belong exclusively to Villanova University. In the event that I retain any rights or interest in My Likeness in connection with the Recording, I hereby grant Villanova University and those acting on Villanova's behalf and authority, without further consideration fees, royalties or attribution to me, an unlimited, irrevocable, and unrestricted right, license, and permission to reproduce, distribute, use, re-use, publish, and republish, display publicly, sell, and create modifications or derivative works of My Likeness in connection with the Recording, whether in print, electronic or any other medium, form or format. I HEREBY AGREE THAT I WILL NOT HOLD THE RELEASEES RESPONSIBLE FOR, AND I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS AGAINST THE RELEASEES FOR, ANY INJURY (PHYSICAL, ECONOMIC OR OTHER), I MIGHT INCUR IN CONNECTION WITH THE RECORDING OR OTHERWISE SEEK DAMAGES FROM THE RELEASEES IN ANY FORM. I RECOGNIZE THAT THIS RELEASE MEANS I AM GIVING UP, AMONG OTHER THINGS, RIGHTS TO SUE THE RELEASEES FOR INJURIES, DAMAGES OR LOSSES THAT I MAY INCUR. I ALSO UNDERSTAND THAT THIS RELEASE BINDS ME, AS WELL AS MY RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

I hereby represent and warrant that I am 18 years of age or older, or, if I am not 18 years of age or older, that I have had my parent or guardian sign on my behalf below. I have read and understand the terms of this Consent & Release.

For completion by person consenting to photograph(s)/recording(s):

Signature:_____ Date:_____

Full Name:_____ Phone/Email:_____

For individuals under the age of 18:

Parent/Guardian Signature:_____

Parent/Guardian Full Name:_____

Rev. 11/2018

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