

**Concordia University Chicago Photo Release Agreement**

This Agreement ("AGREEMENT") is made as of \_\_\_\_\_, 20 \_\_ \_\_, by and between \_\_\_\_\_ ("PARTICIPANT") and Concordia University Chicago of River Forest, Illinois ("CONCORDIA"), an Illinois Not-for-profit Corporation that is an accredited institution of higher education for \_\_\_\_\_ from \_\_\_\_\_ 20 \_\_ \_\_ to \_\_\_\_\_ 20 \_\_ \_\_.  
NAME OF EVENT DATE/DATES

I hereby grant CONCORDIA permission to use from the above Event my likeness or image in any and all publications, website entries, news releases, video productions, or other media for purposes determined by CONCORDIA without payment of any other consideration in perpetuity. I further understand that such materials shall become the property of CONCORDIA.

I hereby irrevocably authorize CONCORDIA to edit, alter, copy, exhibit, publish, or distribute any photo obtained in this AGREEMENT for publicizing CONCORDIA, its programs, or any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. In addition I waive the right to any royalties or other compensation arising or related to the use of any photographs covered by the AGREEMENT.

I hereby hold harmless and release and forever discharge CONCORDIA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I herewith  permit  DO NOT PERMIT CONCORDIA to publish this PARTICIPANT's name with any photo or image. CONCORDIA further agrees that it will not sell any materials developed covered by this AGREEMENT, but only use for its own purposes.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. If under the age of 18 I will have this consent signed by my parent or court approved legal guardian.

Agreed:

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (18 OR OLDER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT DATE OF BIRTH

**Parent or Legal Guardian Permission for Minors**

I hereby certify and warrant that I am the parent or the court-approved legal guardian of the minor identified above. I hereby grant CONCORDIA such permission as stated above, and in such minor's behalf, I hereby agree to all of the terms of this Photo Release Agreement printed above as if such were fully written here.

\_\_\_\_\_  
SIGNATURE OF PARENT OR COURT-APPROVED LEGAL GUARDIAN

Parent  Court-approved Legal Guardian

\_\_\_\_\_  
PRINT PARENT OR GUARDIAN NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONCORDIA REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
TITLE