



Massachusetts Institute of Technology

# PHOTO AND RECORDINGS CONSENT AND RELEASE FORM

## MINORS PARTICIPATING IN MIT PROGRAMS

In consideration of the opportunity for my child, to participate in the Massachusetts Institute of Technology ("MIT") \_\_\_\_\_ (the "Program") Instructor Name \_\_\_\_\_, I, the undersigned, give my permission for and grant MIT the irrevocable right to:

- Interview my child and/or record his/her participation in the Program and appearance on video tape, audio tape, film, photograph or any other media, whether now known or hereafter existing (the "Recordings").
- Use her/his name, likeness, and/or voice in connection with the Recordings and in keeping with MIT policies and mission statement.
- Use, reproduce, distribute, publicly display and/or publicly perform, either electronically or by any other media, whether now known or hereafter existing, and to allow others to do the same, my child's name, likeness or voice, the Recordings, in whole or in part worldwide, without restrictions or limitations, in perpetuity, for any purpose related to MIT's mission, including without limitation, promotional or educational.
- I agree to release MIT and its trustees, officers, employees, students and agents from any liability to me, and on behalf of my heirs, executors, administrators, legal representatives and assigns, based upon or arising out of use of my child's name, likeness or voice, or the Recordings.
- I agree to make no accounting, monetary or other claim against MIT for use of my child's name, likeness or voice, the Recordings.

This release shall be governed in accordance with the laws of the Commonwealth of Massachusetts.

I have read this Photo and Recordings Release Form and understand its terms. I sign it voluntarily and agree to be legally bound by its terms.

Parent/Guardian Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_