

Group Photo/Video Release Form

Authorization to reproduce photograph and likeness

Please explain to the group being photographed why they are signing this form before all members of the group fill it out and sign it.

Name of Event/Activity _____ University official coordinating Group Release Form _____

I, for myself, my heirs and assigns, hereby grant and authorize the University of Maine at Presque Isle ("UMPI"), a campus of the University of Maine System, the right to use, license or assign my image, voice and/or biographical material to publicize same, as recorded, photographed, taped and/or filmed for use in informational, promotional or commercial materials published by, or on behalf of UMPI or any of its constituent parts or affiliates in photographic, print, video, electronic, digital or any other medium now known or that may be invented in the future without limitation (hereinafter all of which are included in the term "Material"), and to do so with or without mention of my name, all in consideration of being included in the Material.

UMPI shall have complete ownership of the Material and shall have the exclusive right to license and use the Material as UMPI wishes, including, but not limited to, the rights of copying, performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material, for any purpose.

I agree to indemnify, hold harmless and release UMPI, its faculty, employees, volunteers and agents, from and against any and all costs, claims, demands, actions or causes of action, on account of property damage or personal injury suffered by me, or property damage or personal injury of others caused by me, which may occur or result directly or indirectly from any matter or material furnished or spoken by me, or otherwise in connection with my appearance and/or the use of the Material, except to the extent those costs, claims, demands and actions or causes of action, are the direct result of any negligent act of UMPI, its faculty, employees, volunteers or agents.

I request that this Release be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, I request the remainder continue in full force and effect. ***I declare that I completely understand and have fully informed myself of the terms and conditions of this release by having read it, or having it read to me, before signing and I intend to be fully bound thereby.***

• PRINT your name _____ email or telephone number _____

your signature/signature of parent or guardian, if you are under 18 years of age _____ today's date _____

• PRINT your name _____ email or telephone number _____

your signature/signature of parent or guardian, if you are under 18 years of age _____ today's date _____

• PRINT your name _____ email or telephone number _____

your signature/signature of parent or guardian, if you are under 18 years of age _____ today's date _____

• PRINT your name _____ email or telephone number _____

your signature/signature of parent or guardian, if you are under 18 years of age _____ today's date _____

• PRINT your name _____ email or telephone number _____

your signature/signature of parent or guardian, if you are under 18 years of age _____ today's date _____

• PRINT your name _____ email or telephone number _____

your signature/signature of parent or guardian, if you are under 18 years of age _____ today's date _____

• PRINT your name _____ email or telephone number _____

your signature/signature of parent or guardian, if you are under 18 years of age _____ today's date _____

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date

• **PRINT** your name email or telephone number

your signature/signature of parent or guardian, if you are under 18 years of age today's date