The Henry H. Stambaugh Auditorium Association Video, Audio and/or Photography Consent and Release Form

In consideration, hereby acknowledged as received, I, being of legal age, consent to being video and/or audio recorded and/or photographed by The Henry H. Stambaugh Auditorium Association or its agents ("HHSAA"). I also grant the HHSAA the perpetual, absolute and irrevocable right and permission to use my name and to use, reproduce, edit, exhibit, project, display, copyright, publish and/or resell photographic pictures, moving pictures, videotaped images of me with or without my voice, or in which I may be included in whole or in part, and to circulate the same in all forms and media (including, but not limited to, a YouTube video, HHSAA website, any publications, advertising, promotion, videotapes, audio tapes, compact disc, computer files, film, slides and photographs) for entertainment, education, all forms of advertising, promotion, or any lawful purpose.

Any use of my appearance, likeness, image, voice, and conversation, as the same may be edited, cut, arranged, adapted, dubbed or otherwise revised by HHSAA will not entitle me to receive any wages, benefits, fees, royalties, compensation or other consideration whatsoever. I agree that HHSAA is the sole owner of all rights in the negatives, photographs, video recordings, prints, and all other tangible media bearing my photograph, name, likeness or performance, including full domestic and foreign copyrights therein, and shall have the exclusive right to make use of these materials as it wishes, including, but not limited to, the right of performance, display, reproduction and distribution in all forms, including advertising/promotion, and the right to create, perform, display, and reproduce derivative works thereof.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, reproduction, copy and/or soundtrack may be applied.

I hereby release, discharge and agree to hold harmless, HHSAA, its representatives, assigns, employees, or any person or persons, corporation or corporations, acting under its permission or authority, or any person, persons, corporation or corporations, for whom HHSAA might be acting, including any agency or firm publishing or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring or alteration, optical or audio illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its use, publication or distribution.

ACTOR, ACTRESS, MODEL AND/OR PARTICIPANT SIGNATURE:

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant and represent that I fully understand the contents thereof.

Participant Name:	Date:
Participant Signature:	E Mail Address:
Address:	
PARENT/GUARDIAN SIGNATURE (if necessary):	
I hereby certify that I am the parent and/or legal guardian of a child under the age of eighteen (18) and in consideration of value received, the receipt of which is hereby acknowledged, I hereby consent that any photographs/video/audio which have been, or are about to be taken by the photographer/videographer/audiographer, may be used for the purposes set forth in the original release herein above, signed by the child model, with the same force and effect as if executed by me.	
Parent/Guardian Name:	Date:
Parent/Guardian Signature:	E Mail Address:
Address	(if different from above