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| **Photo Release Form** |  |

**Today's Date:**

**Participant's Name:**

I hereby authorize The George Washington University to publish the photographs taken of the aforementioned person, and his/her name for use in University printed publications, advertising and Web sites.

I acknowledge that since his/her participation in publications and Web sites produced by The George Washington University is voluntary, he/she will receive no financial compensation.

I further agree that his/her participation in any publication and Web site produced by The George Washington University confers upon him/her no rights of ownership whatsoever. I release The George Washington University and its employees from liability for any claims by me or any third party in connection with his/her participation.

**Parent/Guardian Name:**

 **Parent/Guardian Name:**

 **Street Address:**

**City:**

**State:**

**Zip:**