|  |  |
| --- | --- |
| **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:**