

Picture Release Form

I understand there is still and motion photographic footage being shot of me in care of Delaware State University All Sports Camp. I hereby authorize DSU Athletics the right (all rights) in and to such footage. I also authorize DSU Athletics, without limitation, the right to reproduce, copy, exhibit-publish or distribute any such videotape, and waive all rights or claims I may have against your organization and/or any of its Affiliates, Subsidiaries or Assignees other than as stated in this agreement.

I hereby release you from any liability and obligation to me of any and all nature whatsoever arising out of or in connection with the exercise of the rights granted above, including, without limitation from any liability for violation of rights of privacy, publicity, defamation or any similar right. I hereby indemnify you against all claims, liability and expense respecting this Release. I agree that I shall be entitled to no additional consideration as a result of the exercise of the rights granted herein and that you may rely upon this letter in preparing and exploiting any media or production to be made by DSU Athletics.

Dated: \_\_\_\_\_

\_\_\_\_\_

(Sign name)

\_\_\_\_\_

(Print name)

(IF THE ABOVE SIGNATORY IS UNDER THE AGE OF 18 YEARS, THE PARENT OR LEGAL GUARDIAN OF SUCH PERSON SHOULD SIGN BELOW.)

I hereby warrant that I am the parent and/or legal guardian of the person who signed the foregoing agreement, that I have caused said person to execute said agreement, that I will indemnify you against all claims, liability and expenses respecting said agreement, and that, knowing of your reliance hereon, I agree to cause said person to adhere to all of the provisions of said agreement.

Dated: \_\_\_\_\_

\_\_\_\_\_

(Sign name)

\_\_\_\_\_

(Print name)

Address: \_\_\_\_\_

\_\_\_\_\_