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| Stanley Museum of ArtUniversity of Iowa160 W. Burlington St.Iowa City, Iowa 52242319-335-1727[stanleymuseum.uiowa.edu](http://stanleymuseum.uiowa.edu/) |

**VIDEO/PHOTO CONSENT AND RELEASE**

of **Adult** Participant

I, the undersigned, certify that I am of full legal age and have every right to contract in my own name.

I consent to still/film photography and/or electronic media recordings being made of me by the University of Iowa or its employees, agents or representatives (“University”). Those photographs (“Photographs”) and/or recordings (“Recordings”) are expected to be made *[briefly describe setting/context below]*:

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I consent to allow the University to use those Photographs and/or Recordings for any University purpose and to distribute copies worldwide, in perpetuity, in whole or in part, in any form of media, without compensation to me.

I hereby transfer and assign to the University any right, title, and interest I may have in and to those Photographs and/or Recordings, including the copyright, and in and to all works based upon, derived from, or incorporating the Photographs and/or Recordings.

I irrevocably waive any right I may have to edit or approve the Photographs and/or Recordings in any of their forms.

I irrevocably release the University, its employees, agents, representatives and assigns, from any and all claims I may have at any time arising out of, or related to, the Photographs and/or Recordings or the use of the Photographs and/or Recordings, including, but not limited to, any claims based on the right of privacy, publicity, libel, or defamation.

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Printed name of adult Participant

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Signature of adult Participant

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_