Media Release Form - Adult

**[Name of Museum]** may wish to use photographic and electronic images and/or recordings of public events, ceremonies and other activities to advance the mandate of the Museum.

I hereby authorize the use and reproduction of such images or recordings containing my likeness by **[Name of Museum]** in any print, online materials, or other media chosen to be published. I understand that any photographs or video footage may be used for informational, educational, promotional or any other related purposes by **[Name of Museum]**.

All photographs and video footage will remain the sole property of **[Name of Museum]** and may be used in any way the museum decides.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Media Release Form - Minor

**[Name of Museum]** may wish to use photographic and electronic images and/or recordings of public events, ceremonies and other activities to advance the mandate of the Museum.

I hereby authorize the use and reproduction of such images or recordings containing my child(ren)’s likeness by **[Name of Museum]** in any print, online materials, or other media chosen to be published. I understand that any photographs or video footage may be used for informational, educational, promotional or any other related purposes by **[Name of Museum]**.

All photographs and video footage will remain the sole property of **[Name of Museum]** and may be used in any way the museum decides.

Child(ren)’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_