

**INSTITUTE ON COMMUNITY INTEGRATION
PHOTOGRAPHIC LIKENESS RELEASE**

Participant: _____

Age (if minor): _____

Program or Event: **Photograph(s) for inclusion in the newsletter *Frontline Initiative*, Vol. xx, Issue x, 20xx.**

On behalf of myself or another person for whom I am parent/guardian (the Participant(s) named above), I authorize Regents of the University of Minnesota, through the Institute on Community Integration (the “**University**”), to publish photographs of the Participant(s) as part of the Program or Event and use, reproduce, modify, distribute, and publicly exhibit such photographs, in whole or in part, in any medium without restrictions, as part of the Program or Event as well as for purposes of promotion of the Program or Event. University may use the name and biographical material of the Participant(s) in connection with such photograph publication. University may grant others permission to reproduce and distribute the photos in conjunction with reproducing and distributing the article of which they’re a part.

I release University, its successors and assigns, agents and all persons for whom it is acting, from liability for blurring, distortion, alteration, optical illusion, or use of such photographs in single or composite form, whether intentional or otherwise, that may occur, or any unintentional misspellings or inaccuracies of information and waive any right that the Participant(s) may have to inspect or approve the finished photographs. I hereby consent to the assignment of this release to entities or persons to whom the University provides the subject materials for University purposes.

PARTICIPANT’S SIGNATURE

Address:

Email/Phone:

Date Signed:

FOR PARENTS/GUARDIANS OF PARTICIPANTS

I certify that I, as parent/guardian of the Participant(s), consent and agree to his/her release of University as provided above, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless University from any and all liabilities incident to the Participant’s involvement or participation in the Program or Event to the fullest extent permitted by law.

PARENT/GUARDIAN’S SIGNATURE

Address:

Email/Phone:

Date Signed