

## Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded in a photograph or on audio or video tape without my permission or any other consideration for display by the Archaeological Society of New Jersey (ASNJ) on its social media sites, website, or print media for the purpose of promoting educational programs, publications, and ASNJ event programs. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I way any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Conference presentations
- Educational presentations
- Informational presentations
- Website and social media
- Society brochures and promotional media

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed on ASNJ website media, social media, and presentations, and on print media.

I will be consulted about the use of the photographic or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected during ASNJ events.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against the ASNJ and its board members utilizing this material to promote the ASNJ and for ASNJ-related educational purposes.

Full Name \_\_\_\_\_  
Street Address/P.O. Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a person under the age of 18, then permission from a parent or legal guardian is also required.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_