

Abilene Christian University Pruett Gerontology Center
"Images of Aging" Photo Contest

MODEL RELEASE

I hereby give permission to _____ to use my name and record my photographic likeness as a submission for the *Pruett Gerontology Center "Images of Aging" Photo Contest* .

I understand that upon submission by the photographer, the Pruett Gerontology Center may make unlimited use of the photograph, including but not limited to publications or distribution by means of a print publication, the Internet, videotape, DVD, broadcast, podcast, cablecast, film or any similar electronic or mechanical method.

I understand that I do not own any intellectual property rights related to the photograph(s) and I waive any right to inspect or approve the final use(s) of the photograph(s).

I have read this release and fully understand its contents, and I:

___ am 18 years old or older and have the right to sign this agreement

___ am the parent/guardian of the minor named below and agree to these conditions as indicated below.

(Print) Name of Model: _____

Telephone of Model: _____

Signature of Model: _____ Date: _____

Parent/Guardian Signature, if under 18:
_____ Date: _____

(Print) Photographer's Name & Banner Number: _____

(Print) Photographer's ACU email: _____

(Print) Photo Title: _____

Photo Category: Color Black & White