

Photo Shoot Date:

Project:

Image Consent Form

Preferred name (please print clearly): _____

Please check all applicable box(es):

Position:

- Student (under the age of 18*)
- Student (18 or older)
- Alumnae/i
- Faculty
- Staff
- Other _____

School or Affiliation:

- Undergraduate
- Gwen Ifill School of Media, Humanities, and Social Sciences
- School of Library and Information Science
- School of Management
- School of Nursing
- School of Sciences and Health Professions
- School of Social Work
- Other _____

I **do** wish to participate in the photo or video shoot.

I **do not** wish to participate in the photo or video shoot (**please make sure to inform the photographer or assistant**).

I understand that Simmons University is undertaking initiatives to promote the University, its colleges, and its programs, and I wish to assist the University and its authorized agents. I understand that by participating:

1. I am granting Simmons University and its authorized agents the permission to use, reuse, publish, and/or republish in whole or in part, in any medium (including the Simmons website, social media, and advertising) the photographs or video of me (individually or in a group in which I am included) that are taken during the photo or video shoot on this date, without restrictions as to changes or alteration, as they are used in conjunction with the representation and promotion of the University. I understand that all such recordings, in whatever medium, shall remain solely the property of Simmons University, and I shall have no right or interest in them.
2. I permit Simmons University and its authorized agents to use my image, name, and/or business title, as they are used in conjunction with the representation and promotion of the University.
3. I understand and acknowledge that I will NOT receive remuneration for the use of my name or image, as it is used in conjunction with the representation and promotion of the University.
4. I release Simmons University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use.

I am over 18 years of age* and otherwise legally competent to sign this consent form. I have read this consent form in its entirety and understood it prior to executing it.

*Signature _____ Date _____

Email address _____

*Subject name if under the age of 18 _____

**Signature of a parent/guardian is required if subject is under the age of 18.*