

**THE PENNSYLVANIA STATE UNIVERSITY
COLLEGE OF ARTS AND ARCHITECTURE**

Photography Release Form

Dear Parent/Guardian,

We thank you for your consideration of this request.

____I give permission for the Pennsylvania State University/College of Arts & Architecture to take pictures of my child. I hereby consent that the photographs taken of my child may be used and reproduced in advertising, presentations or publications, promotional e-mail campaigns and Web sites, and other promotional materials for the Pennsylvania State University/College of Arts and Architecture.

____I do not give permission for my child's to be photographed.
In giving consent, I hereby agree to release and hold harmless, the Pennsylvania State University and its agents or employees including the photographer from and against claims, damages, or liability arising from or related to the use of the photographs/videos.

Child's Name and Date: _____

Parent Name (for minor): _____

Permanent Address: _____

E-mail Address: _____

Phone: _____

Signature of parent/guardian: _____