

# THE SCHOOL OF THE ART INSTITUTE OF CHICAGO

## Photographic Consent Form

Title, Location and Date : \_\_\_\_\_

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Name and address of person whose picture is being taken ("Subject"):

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I grant permission to The School of The Art Institute of Chicago ("SAIC") to use and publish, without payment, pictures of me taken on the above-written date, at the above-written location (the "Pictures") for any purpose whatsoever including advertising, publicity, and internet (SAIC website) purposes. The Pictures may appear in color or black and white, may be distorted, blurred, or altered. I waive any right to inspect or approve the Pictures or any written copy that may be used in connection with the Pictures.

I release, hold harmless and waive any claims against SAIC related to the Pictures or the exercise of the rights granted herein, including claims for compensation, claims of defamation or any claims regarding rights of privacy or publicity.

This release shall also be applicable to The Art Institute of Chicago, its officers, directors, employees and agents, including without limitation the photographer and any advertising agency who may be involved in creating and disseminating the Pictures, and any newspaper, magazine or other publication in which the Pictures may appear.

I also understand that publication of the Pictures is within the sole discretion of SAIC, and that they may not be used at all.

\_\_\_\_\_  
Subject Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

If the Subject is under age 18, a parent or guardian must consent to the above grant of permission, waiver and release by signing below.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date