



Permission for Photography

(to be signed by subjects in photographs that are taken in non-public places)

I grant to Duke University the right and unrestricted permission—concerning any photographs/video that _____ (photographer/student, staff, or faculty at the university) has taken of me—to use, reuse, publish, and republish the photographs/video in whole or in part, individually or in connection with other material, in any and all media (print, digital, display), and for any editorial communication about the activities of Duke University.

I am a legally competent adult and have the right to contract in my own name. I have read and understand this document. This release shall be binding upon me and my heirs, and my legal representatives.

SIGNATURE

PRINT NAME

DATE OF BIRTH

ADDRESS (Line 1)

ADDRESS (Line 2)

TODAY'S DATE

If subject is under the age of 18 please complete the following

WITNESS

RELATIONSHIP TO SUBJECT

ADDRESS (Line 2)

Last update: 1.18.2022