



Event _____

Photographer _____

Model Release Form

I grant Johnson & Wales University (a) permission to capture my image or voice in any media, including but not limited to photography, video, audio recording and/or film, in public and/or campus settings and (b) the irrevocable right to use my name, voice and image in any manner or media for university purposes, including but not limited to publicity and marketing. I hereby unconditionally release Johnson & Wales University and its trustees, employees and representatives from any and all liabilities, claims and demands whatsoever, in law or equity, whether known or unknown, which I (or my heirs, assigns and/or representatives) ever had, now have, or in the future may have relating to the uses described herein.

Signature

Date

Print Name

FOR INDIVIDUALS UNDER THE AGE OF 18

If the person signing above is under the age of 18, I certify that I am his or her parent or legal guardian, and I give my consent to the terms detailed above.

Parent or Guardian Signature

Date