



Cornell University

Permission for Photography of a Minor Child

(to be signed by subject's parent/guardian, when subject is not of full legal age)

I grant to **Cornell University** the right and unrestricted permission—concerning any photographs that _____ (photographer/student, staff, or faculty at the university) has taken of my minor child—to use, reuse, publish, and republish the photographs 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 Cornell University.

I am the parent or legal guardian of the minor child and have the right to contract in his/her own name. I have read and understand this document. This release shall be binding upon the minor and me, our respective heirs, and legal representatives.

X

FATHER, MOTHER, OR LEGAL GUARDIAN

MINOR'S NAME

MINOR'S DATE OF BIRTH

ADDRESS (Line 1)

ADDRESS (Line 2)

TODAY'S DATE

X

WITNESS

ADDRESS (Line 1)

ADDRESS (Line 2)