

Caltech

Your Group Name Here
Mail Code xx-xx • Pasadena, CA. 91125

Location _____
Date _____

AUTHORIZATION TO PHOTOGRAPH, RECORD AND DISTRIBUTE

I consent to the California Institute of Technology taking photographs, audio, video, and otherwise recording me at the Location described above.

Caltech may display and broadcast (or permit others to do so on its behalf) all or excerpts of these recordings in any media for any Caltech purpose such as educational, news, marketing, advertising, fund-raising or academic purposes. I grant to Caltech the irrevocable, royalty-free worldwide right to do so without compensation. I am at least 18 years of age, or if I am not, my parent or legal guardian has countersigned this release.

Name: _____

Signature: _____

Parent or guardian consent for minors:

I hereby certify that I am the parent or guardian of the minor named above, and give my consent to photography, recording, and uses of photographs and recordings of him or her as described above without reservation.

Parent or Guardian Name:

Parent or Guardian Signature:

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