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**Temple University Harrisburg**

**Photographic Consent Form**

The Regents of Temple University Harrisburg

and/or its associates, assistants, or subcontractors to photograph/film

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*Name (please print)*

The undersigned authorizes Temple University Harrisburg to permit the use and display of said photographs in any publication, multimedia production, display, advertisement or World-Wide Web Publication for Temple University Harrisburg and its constituent departments.

The undersigned agrees that Temple University Harrisburg may use name, likeness, or biographical information supplied by the undersigned.

The undersigned releases and forever discharges Temple University Harrisburg, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_