



## Media Release and Consent Form

I hereby give permission for UW-NPS and/or any person(s) or entities authorized on UW-NPS's behalf to use:

- Photographs                                       Audio recordings                                       Visual recordings
- Other: \_\_\_\_\_

Description: \_\_\_\_\_

Credit should be given to: \_\_\_\_\_

I hereby authorize UW-NPS or any person or entity authorized by it to edit, alter, copy, exhibit, distribute and publish in print, video, audio recorded productions, and on the World Wide Web this material for purposes of publicizing UW-NPS programs or other lawful purpose without payment or any other consideration.

By signing this document, I understand that:

- As the creator of the aforementioned content, I own copyright of the original photograph/audio recording/visual recording/other, but I am granting the non-exclusive rights to the above-named individual/organization.
- The materials will be used only for nonprofit/educational purposes.
- The above-named individual/organization will not release the materials to any other nonprofit or commercial entity without seeking my permission.
- Any proceeds from the sale of published or printed matter containing the materials will be used to support the mission of the above-named nonprofit organization. (if applicable)
- The materials will become the property of UW-NPS, stored in a place chosen by UW-NPS and will not be returned to me.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I waive any right to royalties or other compensation arising or related to the use of the materials. I hereby hold harmless and release and forever discharge UW-NPS or any person or entity authorized by it from all claims, demands, liability and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

UW-NPS does not waive its sovereign immunity or its governmental immunity by entering into this Agreement and fully retains all immunities and defenses provided by law with regard to any action based on this Agreement.

In addition, I would like to specify the following conditions for use of the materials:

\_\_\_\_\_  
\_\_\_\_\_

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

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Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Signature of the Collector: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of the above-named organization