

Assignment of Photographic, Video, Motion Picture and Sound Recording Rights

I, _____, hereby authorize THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
NAME (PLEASE PRINT)
(the "University") and its officers, agents, and employees, to photograph, film, or video-tape me.

I understand that any photograph, sound recording, motion picture, or video taken of me under this assignment is for the purpose of collecting and/or representing factual information in the interest of serving the University of California's mission of research, education, and public service, and for promoting the public good.

I hereby assign to the University all rights, title, and interest, including copyright, in and to any and all such photographs, sound recordings, motion pictures, or videos, and I hereby irrevocably authorize the University, its officers, agents, and employees, without limitation, to reproduce, copy, sell, exhibit, publish, or distribute any and all such photographs, sound recordings, motion pictures, or videos in perpetuity for the purposes expressed above.

I further release and forever discharge the University, its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, sound recordings, motion pictures, or videos, including but not limited to any and all claims for invasion of privacy, defamation, or infringement of copyright.

I have read and understood the provisions of this agreement, and understand that I am free to obtain advice from legal counsel of my choice, at my expense, to interpret these provisions. By signing below, I acknowledge that I have freely and voluntarily entered into this agreement.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

ADDRESS: _____

I hereby certify that I am over 18 years of age: _____ (INITIALS)

FOR SUBJECTS UNDER 18 YEARS OF AGE: I hereby certify that I am the parent or guardian of the person named above, and I do hereby give my consent without reservation to the foregoing on behalf of him or her.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

PRINT NAME: _____

I have read and received a copy of this release: _____ (MINOR'S INITIALS)

Witnessed By:

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Original to be retained by Department