



I hereby grant to Rhode Island College, and their respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To include such photographs in all media, and in the advertising, publicity, and promotion materials. These materials may include electronic publications, website or other electronic communications.
2. Agree to the possible use of my name or the name of the minor listed below in connection with the images.

I hereby release, discharge and agree to indemnify and hold harmless Rhode Island College and their respective heirs, legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

\_\_\_\_\_  
Signature of Subject of Photograph and Date

\_\_\_\_\_  
Printed Name and Address

**If subject is a minor**, please fill out below. I hereby certify that I am the parent and/or legal guardian of

\_\_\_\_\_, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor Subject of Photograph and Date