



Student Photo Release Form

Student Name: _____ Workshop Title: _____

I hereby consent for value received and without further consideration or compensation to the record and use (full or in part) all photographs and/or videotapes taken of me and/or recordings made of my voice and/or written or verbal extraction, in whole or in part, of such recordings or performance for the purposes of illustration, or broadcast. I agree that NJAI, Inc., shall be the exclusive owner of all copyright and other rights in and to the programming and performance and all photographs and/or videotapes taken of me and/or recordings made of my voice and/or written or verbal extraction, in whole or in part, and will be able to use them for the purposes of promotion, advertisement, and archiving only, without any compensation to me, at the sole discretion of New Jersey Arts Incubator, Inc.

Name _____

Signature _____

Address _____ City _____

State _____ Zip code _____

*For Minor Students:

Parent (or Legal Guardian)

Printed Name

Date: ____/____/____