

CARNEGIE SCIENCE CENTER

Consent and Release Form

PLEASE PRINT

Name _____

Occupation and Employer or School _____

CHILDREN IF UNDER AGE 18:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Consent and Release for Photography/Filming/Quotes for Carnegie Science Center

I give my consent to the Carnegie Institute and its component the Carnegie Science Center ("CSC"), and to those whom they may authorize, to photograph, film, audio record and videotape me and/or my child(ren), to identify me and/or my child(ren) by name and/or with employment or school information and to also identify me by city and state address, and to quote or record statements made by me and/or my child(ren) (collectively, the "Images & Information") for use, display and exhibit in CSC, and in publications of CSC such as brochures, exhibitions catalogs, newspapers, magazines, Web pages, and in other presentations that promote the interests of CSC, including in news media (print, radio, online and TV), and for advertising, marketing, promotion, fund raising, archival and other purposes consistent with the mission of CSC, all without notifying me. I recognize that CSC will have full ownership rights (including copyrights) to the Images & Information. I understand that images of my child(ren) will NOT be used with child(ren)'s names or other identifying information. I waive any right to approve the finished and/or final Images & Information, including without limitation any and all quotes.

I, ON BEHALF OF MYSELF, AND THE CHILD(REN) LISTED ABOVE, IF ANY, HEREBY IRREVOCABLY AND UNCONDITIONALLY RELEASE, WAIVE, AND COVENANT NOT TO SUE CARNEGIE INSTITUTE OR ITS COMPONENT CARNEGIE SCIENCE CENTER, THEIR SPONSORS, AND/OR THOSE ACTING WITH THEM OR ON THEIR BEHALF, FROM AND AGAINST ANY AND ALL LIABILITY FOR INJURIES, DAMAGES, CLAIMS, OR ACTIONS OF ANY KIND RELATING TO THE USE OF THE IMAGES & INFORMATION AS SET FORTH ABOVE. The laws of the Commonwealth of Pennsylvania shall apply to this Consent and Release.

I have read this Consent and Release before signing below, I fully understand the contents and I am over the age of 18. I understand that I am free to address any specific questions regarding this release prior to signing.

Signature _____ Date _____

If children under age 18 are listed, signature must be from a parent or legal guardian.