Photography Release

The individual person named below is signing this Photography Release ("Release") for purposes of allowing The Nancy Lurie Marks Family Foundation ("NLMFF") or its designee to use one or more photographs (collectively, "Photographs") of such person for any purpose consistent with NLMFF’s charitable mission, including without limitation for purposes of the project known as Autism around the Globe ("AATG"). By signing this Release, such person acknowledges that he or she has freely consented NLMFF’s use of the Photographs on the terms set forth herein and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person’s behalf.

1. I understand that I am providing NLMFF, either directly or through another person who is contributing to the AATG project, with one or more Photographs that feature my image or likeness. Copies of these Photographs are attached to this Release.

2. I understand that NLMFF will have the non-exclusive right to use and disseminate the Photographs of me in all existing and future media (including the Internet) in perpetuity in connection with AATG and for any other purposes consistent with NLMFF’s charitable mission. Unless I have checked the box below my signature, I further agree that my name may be used to identify me as a subject of the Photographs of me.

3. I waive any and all rights of privacy and/or publicity that would otherwise preclude NLMFF’s use of the Photographs of me.

4. I acknowledge that NLMFF has no obligation to use any Photographs of me or to use such Photographs for any particular purpose.

5. I understand that I will receive no monetary payment or other consideration in exchange for the rights to use Photographs of me.

6. I hereby release and forever discharge NLMFF, its affiliates, and each of their respective directors, officers, employees, volunteers, and agents from any and all liabilities, claims, demands, damages, rights, and causes of action of whatever kind, nature, or description, present or future, asserted by me or on my behalf by any other person, including my heirs, executors, or assigns, that arise out of or relate in any way to the use of the Photographs in accordance with this Release.

_________________________________________   _________________________________________
Signature                                      Date

_________________________________________   _________________________________________
Name (printed)                                 Name of Parent/Guardian (if applicable)

If box is checked, consent to use name is withheld: [ □ ]
(please check if you do not want your name used)