PHOTO CONSENT FOR NYU FACES GAME DAY – Saturday, October 24, 2015

I hereby consent to the use of my name, voice, video image, photograph and/or likeness by NYU FACES, its affiliates and their successors and assigns for use on the NYU FACES website, promotional videos or other printed promotional materials. NYU Langone Medical Center/FACES shall be the absolute owner of any and all photographs, videographs, likenesses and statements [and all rights therein, including the copyright] produced pursuant to this Agreement.

I further consent to use of name, voice, video image, photography and/or likeness in promotional materials that may be used for fundraising purposes.

ATTENDEE INFORMATION

Name(s) of Kid(s) Attending (print): ___ I consent ___ I do not consent *

_______________________________________________

_______________________________________________

_______________________________________________

Age(s):

____________________

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* If you do not consent, please provide a description of clothing here:

_______________________________________________

_______________________________________________

_______________________________________________

Parent or Guardian Name(s) (print):

_______________________________________________

Signature(s):

_______________________________________________

Relationship to attendee(s):

_______________________________________________

Email:

_______________________________________________

Phone (in case of emergency):

_______________________________________________

To save time on Game Day, please complete and submit this form in advance to FACES, by fax (646) 385-7163 or email: FACESinfo@nyumc.org

Thank you for your participation.