



School/Group Name: _____

Photography Release

In connection with any photographs, video tapes, or images (collectively "Photographs") taken of me and/or the below named minor by or on behalf of the National Archives and Records Administration (NARA) or the support Foundations for the Ronald Reagan and the George W. Bush Presidential Libraries, I hereby:

- Grant permission to NARA, the Foundations, and any other Situation Room Experience educational partners to use such Photographs for educational, archival, or public relations purposes in any media, database or platform now known or hereafter invented, including, but not limited to, print, electronic and/or digital media;
- Grant permission to NARA, the Foundations, and any other Situation Room Experience educational partners to use my name in connection with the Photographs;
- Waive any claim for financial remuneration for the use of the Photographs by NARA or the Foundations;
- Waive any right to inspect or approve the Photographs, including whether any or all of the Photographs are modified, before they are used by NARA, the Foundations, and any other Situation room Experience educational partners; and
- Indemnify and hold NARA, the Foundations, any other Situation Room Experience educational partners, and the United States, including its employees or assigns, harmless against any liability for property damage, personal injury, loss, or expense that may result from my participation in this activity, including property damage, personal injury, loss or expense suffered by third parties.

I am at least eighteen years of age and competent to execute this release. I have read this release before signing, and I understand fully its contents, meaning, and impact, including that it is irrevocable.

Name (print)

Signature

Date

I am the parent or legal guardian of the individual named below (if he/she is under the age of 18) and I hereby sign this consent form on my own behalf and on behalf of such individual in accordance with the statements above.

Name of Minor (print)

Signature of Parent/Legal Guardian

Date