



JOHNS HOPKINS

BLOOMBERG SCHOOL
of PUBLIC HEALTH

MEDIA PERMISSION FORM
[Adult]

I hereby represent that I am _____, am over the age of 18, and I hereby grant the Johns Hopkins Bloomberg School of Public Health the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, likenesses or pictures, video or audio recordings, that have been taken of me or in which I may be included with others. The School may use, publish, and republish the same photographs or recordings in whole or in part, individually, in any and all media now or hereafter, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any purpose whatsoever without restriction as to alteration; and to use my name if the School chooses.

I hereby release and discharge the Johns Hopkins Bloomberg School of Public Health from any and all claims and demands arising out of or in connection with the use of such photographs, video or audio recordings including, without limitation, any and all claims for libel or invasion of privacy.

I have the right to make decisions on my own behalf. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon my heirs, legal representatives, and assigns.

Printed Name Date

Signature

Address

City State Zip Code Country

Email Address

Witness Printed Name Date

Witness Signature

Protecting Health, Saving Lives—*Millions at a Time*

615 N. Wolfe Street • Baltimore, MD 21205 • www.jhsph.edu



JOHNS HOPKINS

BLOOMBERG SCHOOL
of PUBLIC HEALTH

MEDIA PERMISSION FORM
[Minor child]

I, _____, hereby represent that I am the parent or legal guardian of _____, a minor child, and I hereby grant the Johns Hopkins Bloomberg School of Public Health the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, likenesses or pictures, video or audio recordings, that have been taken of _____ or in which he/she may be included with others. The School may use, publish, and republish the same photographs or recordings in whole or in part, individually, in any and all media now or hereafter, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any purpose whatsoever without restriction as to alteration; and to use my name if the School chooses.

I, on behalf of myself and my child, hereby release and discharge the Johns Hopkins Bloomberg School of Public Health from any and all claims and demands arising out of or in connection with the use of such photographs, video or audio recordings including, without limitation, any and all claims for libel or invasion of privacy.

I am of full age and have the right to make decisions on behalf of my child. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon my heirs, legal representatives, and assigns.

Printed Name Date

Signature

Address

City State Zip Code Country

Email Address

Witness Printed Name Date

Witness Signature

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