RELEASE

I, __________________________________, for good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged):

A. Authorize the National Technical Institute for the Deaf ("NTID") and Rochester Institute of Technology ("RIT") and anyone authorized by them to use, retouch and alter my image, likeness, or voice as filmed, photographed, or recorded by NTID or RIT, or by anyone authorized by them, in whole or in part, with or without my name, signature, biographical information or other identification, in any and all media for any advertising or commercial purpose, and to claim and register its copyright in same; and further release NTID or RIT, from any and all liability arising from the use of my photographs, likeness or voice, and from any blurring, distortion or optical illusion which may occur or be produced, as well as from the use of my name, signature and/or biographical information; and further relinquish all right, title and interest in and to the negatives, prints, film and voice recording and their reproduction, including the right to approve their final form, context and use.

B. Disclaim any proprietary rights whatsoever in any aspect of NTID or RIT’s program materials, manuscripts, videos, computer programs, audiovisual displays, packaging and/or artwork, designs, drawings, voice recordings or any other items created which incorporate my photographs or likeness as filmed or my voice as recorded, including any rights in and to any copyrights, patents, trademarks and other intellectual property rights inherent therein and appurtenant thereto.

I have read the foregoing prior to its execution and fully understand that, by signing this Release, I am waiving any and all rights that could possibly be asserted under any theory against NTID or RIT.

Signed this ______ day of __________________, 2008.

_____________________________________________________
Signature

_____________________________________________________
Print Name

_____________________________________________________
Witness Signature

Parent/Guardian Consent (required if under 18 years of age)

_____________________________________________________
Parent/Guardian Signature

_____________________________________________________
Print - Parent/Guardian Name

Revised 2/2008