



STANDARD PHOTO / VIDEO RELEASE FORM

I hereby authorize the AACAMuseum, Inc. to publish photographs/video taken of me for use in the AACAMuseum, Inc.'s printed publications, social media and website.

I release the AACAMuseum, Inc. from any expectation of confidentiality for myself and authorize the AACAMuseum, Inc. to use my image in photographs and/or videos.

I acknowledge that participation in publications and website produced by the AACAMuseum, Inc. confers no rights of ownership whatsoever. I release the AACAMuseum, Inc., its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Print Name: _____

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Form needs to be completed and submitted with other documentation prior to program date. Please remit to:

Mail:

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Hershey, PA 17033

Email:

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