

## VIDEO AND PHOTOGRAPHY RELEASE

I, on behalf of myself or on behalf of the minor listed below (for which I am the parent or legal guardian), hereby irrevocably grant to Johns Hopkins University and its assigns and licensees the right to photograph, record audio, and record video of me and to use such photographs, video recordings and recordings of my voice, likeness and name in connection with the following matter:

Planetary Health Alliance \_\_\_\_\_ (the “Program”),

including but not limited to, the distribution, advertising, promotion, exhibition and use of the Program, and any and all ancillary rights, by any method or device now known or devised in any media throughout the world. This grant is perpetual. I agree that I shall have no right of approval and no claim to compensation hereunder.

I represent that I am over 18 years of age and have the full right and authority to grant the rights granted hereunder and enter in this Release on my own behalf or on behalf of the listed minor for whom I am parent or legally appointed guardian.

This Release shall be construed in accordance with the laws of the State of Maryland, and I hereby agree that any legal dispute arising in connection with the matters covered herein must be adjudicated solely in the state or deferral courts located within the State of Maryland. The provisions of this Release shall be binding on me and my (or the listed minor’s) heirs, executors and administrators. I have read and understand the above consent and release prior to its execution and have been informed that I have the right to consult with counsel, and I am fully familiar with the contents hereof, and, intending to be legally bound, I have signed this Release.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name (and name of minor for whom  
you are acting as parent or legal guardian,  
if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email