



223 East 34<sup>th</sup> Street • New York, NY 10016 • Tel: 646.558.0900 • Fax: 646.385.7163

www.nyuFACES.org

## PHOTO CONSENT FOR NYU FACES GAME DAY – Saturday, October 22, 2016

I hereby consent to the use of my name, voice, video image, photograph and/or likeness by NYU FACES, its affiliates and their successors and assigns for use on the NYU FACES website, promotional videos or other printed promotional materials. NYU Langone Medical Center/FACES shall be the absolute owner of any and all photographs, videographs, likeness and statements [and all rights therein, including the copyright] produced pursuant to this Agreement.

I further consent to use of name, voice, video image, photography and/or likeness in promotional materials that may be used for fundraising purposes.

### ATTENDEE INFORMATION

Name(s) of Kid(s) Attending (print):	<input type="checkbox"/> I consent	<input type="checkbox"/> <b>I do not consent *</b>	Age(s):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***\* If you do not consent, please provide a description of clothing here:***

Parent or Guardian Name(s) (print): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Relationship to attendee(s): \_\_\_\_\_

Email: \_\_\_\_\_

Phone (in case of emergency): \_\_\_\_\_

**To save time on Game Day, please complete and submit this form in advance to FACES, by fax (646) 385-7163 or email: [FACESinfo@nyumc.org](mailto:FACESinfo@nyumc.org)**

***Thank you for your participation.***