

### **MEDIA IMAGES OPT-OUT RELEASE**

*Complete and return this form to the IIRP only if you do NOT give permission for your photo, audio, or video to appear in possible IIRP publications and/or publicity, including the IIRP website or social media.*

This form must be accompanied by a current photo in order to be valid.

Please be advised that:

1. Images and videos taken in public spaces and/or at public events do not require authorization for publication.
2. It is your responsibility to notify personnel that you have signed the opt-out release.

I do not authorize the IIRP or its officers, employees or agents to record my photographs or other images or likenesses in the form of audio, video or any other medium, or to use, reproduce, modify, distribute or publicly exhibit such recordings, in whole or in part, for any purpose. Further, I do not consent to the use of my name, voice or biographical material in connection with any such recording.

I hereby confirm that I am of legal age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above "Photo Opt-Out Release" and am familiar with its contents.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Signature

FOR INDIVIDUALS UNDER 18

I hereby confirm that I am the parent or guardian of the student named above. I further affirm that I have read the above "Photo Opt-Out Release" and am familiar with its contents.

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

Please return this completed form to: [mediarelease@iirp.edu](mailto:mediarelease@iirp.edu) or  
Advancement & Relations Manager, IIRP, 531 Main Street, Bethlehem, PA 18018

*Revised 11/8/2017*