MCNx Event Speaker Release Form

Date: ____________________

_____________________________ is the organizer ("Organizer") of today’s MCNx Event ("Event") in ______________________. By signing this form, you are giving MCN and the Organizer, the right to use, edit and publish photographs or video recordings of me presenting at today’s Event.

I hereby grant Museum Computer Network ("MCN") the irrevocable right and permission to use and edit photographs and/or video recordings of me taken or recorded during today’s Event on MCN’s and the Organizer’s respective websites and social media platforms without compensation to me.

I understand and agree that such photographs and/or video recordings of me shall be published on MCN’s website and its social media platforms as well as of those of the Event Organizer. I also understand and agree that I may be identified by name in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I hereby waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of MCN.

I hereby release, acquit and forever discharge MCN and the Organizer, its current and former board directors, agents, officers and employees of MCN and the Organizer from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name. This release is binding on me and my heirs, assigns and personal representatives.

_______________________________________________ _____________________
Signature of Individual Photographed/Recorded Date

_______________________________________________
Printed Name of Individual Photographed/Recorded:

_______________________________________________ _____________________
Signature of Witness Date