

GRANT OF PERMISSION AND RELEASE AND WAIVER

I hereby agree to be photographed and/or recorded by the Robert W. Woodruff Arts Center, Inc. and/or one of its divisions, the Atlanta Symphony Orchestra (including the Atlanta Symphony Youth Orchestra), the Alliance Theatre or the High Museum of Art (hereinafter, "Woodruff Arts Center"), including its agents and/or licensees and/or assignees, for whatever purposes that Woodruff Arts Center deems appropriate. I further agree that the Woodruff Arts Center will have complete ownership of any and all rights in said photography/recording and may use such photography/recording for any purpose consistent with Woodruff Arts Center's mission. I also agree to waive, as to Woodruff Arts Center and each of their respective trustees, directors, officers, employees, agents, licensees and successors and assigns (collectively, the "Woodruff Parties"), all personal right and objections to any use of my name, likeness, personality and/or performance in connection with the use of such photography/recording. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, audio, digital, film, reprints, reproductions, publications and any promotional or educational materials in any medium now known or later developed, including the Internet ("Uses"). I also understand that in proceeding with said photography/recording, Woodruff Art Center will do so in full reliance on the foregoing grant of permission. I further agree to waive any right of inspection or approval of the photographs and/or recordings or the Uses to which any photographs and/or recordings have been or may hereafter be put, provided they are used in accordance with the terms of this Release.

I acknowledge that I will not receive any compensation of any kind for the Uses and hereby release the Woodruff Parties from any and all claims that arise out of or are in any way connected with such Uses. Nothing herein will constitute any obligation on the part of the Woodruff Parties to make any use of any of the rights set forth herein.

In signing this Permission and Release, I acknowledge and represent that:

- A. I have read this Permission and Release, fully understand it, and sign it voluntarily as my own free act and deed without any inducement, assurance or guarantee being made to me;
- B. I am at least eighteen (18) years of age and fully competent to sign this Permission and Release.
- C. By reason of this Permission and Release, I am irrevocably waiving any and all rights in and to the photographs and/or recordings; I intend for my signature to be a complete and unconditional release of all liability to the utmost extent permitted by law.

Signed on this ____ day of _____, 20____.

Signature: _____

Print Full Name: _____

Address: _____

Phone Number: _____ Email Address: _____