



**PERMISSION TO USE PHOTOGRAPHS, RECORDED VIDEO,  
RECORDED AUDIO, AND/OR OTHER MEDIA**

Event: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to The Diversity Initiative, Inc. the right to take photographs, record video, and/or record audio of me in connection with the above-identified event. I authorize The Diversity Initiative, Inc., its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that The Diversity Initiative, Inc. may use such photographs and/or recordings of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)

I have witnessed the signature of this document:

TDI Employee Name: \_\_\_\_\_

TDI Employee Title: \_\_\_\_\_ Date \_\_\_\_\_