



A branch of Miami International University of Art & Design

PERMISSION TO USE ARTWORK/IMAGE/NAME/VOICE/WORDS/LIKENESS

By checking the boxes below and by signing this Permission Form, I (**print name**) _____ give my consent for The Art Institute of Tampa, 4401 N. Himes Ave., Suite 150, Tampa, FL 33614, and its parent and affiliated companies and schools, including without limitation Education Management Corporation and The Art Institutes International, Inc. (collectively, the "School"), to use my artwork and/or my image, name, voice, and words, as indicated below. I am giving this consent in consideration for potential publicity opportunities and/or self-promotional opportunities associated with the permissions granted herein and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge.

(Check all boxes that apply. Use additional sheets if more space is needed.)

1. OWNERSHIP OF THE ARTWORK

- I certify that the artwork identified below is original, is mine alone, and that I have full authority to grant the permissions herein; OR
- Others may have rights in the artwork identified below. Please check all boxes that apply:
 - I prepared the artwork for an employer within the scope of my employment obligations. If so, identify employer name, address, telephone number, fax number, and e-mail address:

 - The artwork was specially ordered or commissioned from me. Please explain circumstances and identify the name, address telephone number, fax number, and e-mail address of each other person/entity involved:

 - I agreed that the artwork would be owned in whole or in part by another person(s) or entity or entities. Please explain and identify the name, telephone number, fax number, and e-mail address of each other person/entity involved:

 - One or more other persons were involved in creating the artwork. Identify name, telephone number, fax number, and e-mail address of each other person:

 - I included in the artwork materials that others may own or have rights. Please explain and identify the materials and other person/entity involved:

 - Other. Please explain: _____

Describe and/or attach a copy of the artwork: _____

2. PERMISSION TO USE ARTWORK

- YES** **NO**

The School has my permission to use, copy, reproduce, publish, distribute, publicly perform, and display the artwork and to create, use, copy, reproduce, publish, distribute, publicly perform, and display derivative or other works based on the artwork in connection with promotional activities for the School worldwide in all forms of media now known or later developed, including but not limited to Web sites, advertising, direct mail, catalogs, exhibitions, film festivals, and classroom presentations. The School has my permission, but not the obligation, to identify me by name and/or by affiliation with my School in connection with such use of my artwork. My permission is on-going and will continue until such time as I revoke it by giving the School three months' written notice of revocation at the address set forth above directed to the attention of the Campus President for my school with a copy to the Campus Director of Public Relations for my school. The School will have three months from the date it receives my notice to stop, if necessary, the School's future use of my artwork.

OPTION TO OPT-OUT OF PERMISSION TO USE ARTWORK FOR OTHER SCHOOLS

- I OPT-OUT**

I understand that unless I check the Opt-out box above, I am giving my school and any **other schools** affiliated with my school or owned by the same parent corporation as my school (such as other Art Institutes) my permission to use my artwork in the manner described above. If I do not wish for such other schools to be able to use my artwork, I have checked the Opt-out box above.

3. PERMISSION TO USE IMAGE/NAME/VOICE/WORDS

YES NO

The School has my permission to photograph, film and/or videotape me and/or to otherwise record my image and/or likeness, to quote me, to record my words, and to use a photographic, digital and/or other reproduction of me and/or my image/likeness and has my permission, but not the obligation, to identify me in connection therewith by name and/or by my affiliation with the School. I understand that the School may publish, display, reproduce, copy and distribute my image/likeness, voice, and words for promotional activities for the School worldwide in all forms of media now known or later developed, including advertising, direct mail, catalogs, Web sites, exhibitions, film festivals, and classroom presentations. The School has my permission to promote and publicize my academic activities and achievements in newspaper and magazine articles and other like publications. I waive the right to inspect or approve versions of my image and/or likeness used for publication or the written copy that may be used in connection therewith and agree that the School shall not be liable to me for any distortion or illusionary effect resulting from the use, publication, or display of my image or likeness. My permission is on-going and will continue until such time as I revoke it by giving the School three months' written notice of revocation at the address set forth above directed to the attention of the Campus President for my school with a copy to the Campus Director of Public Relations for my school. The School will have three months from the date it receives my notice to stop, if necessary, the School's future use of my image, name, voice and/or words.

OPTION TO OPT-OUT OF PERMISSION TO USE IMAGE/NAME/VOICE/WORDS FOR OTHER SCHOOLS

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4. SIGNATURE

By signing below, I hereby grant the School the permission(s) indicated above. I understand that an above grant of permission to use artwork grants only my permission to use my artwork. It is not an exclusive right and I am allowed to sell, give, or otherwise transfer the rights to such artwork to others on a non-exclusive or exclusive basis. However, in the event I do sell, give or otherwise transfer ownership of or the exclusive right to use my work to another party, I will notify the School immediately in writing at the address set forth above to the attention of the Campus President for my school with a copy to the Campus Director of Public Relations for my school and the School will have three months from the date it receives my notice to stop, if necessary, the School's future use of the artwork.

This Permission Form shall be governed and construed in accordance with the laws of the Commonwealth of Pennsylvania without regard to conflict of laws and principles. I hereby waive all rights and remedies with respect to the artwork identified above and any alterations thereof under the Visual Artists Rights Act of 1990, 17 U.S.C. §§106A and 113, under Pennsylvania's Fine Arts Preservation Act, 73 P.S. §2101, et seq. and under any other state statutes relating to the rights of artists.

I understand that the School and those it may authorize shall not be responsible for unauthorized duplications and/or use by third parties on the Internet or otherwise. I hereby release the School, those it has authorized, and their respective successors and assigns, from any and all claims and/or damages that may arise regarding the use, reproduction, display, and distribution of my artwork, my image, my name and/or statements made by me **as consented to above**, including any claims of defamation, invasion of privacy or violation/infringement of moral rights, rights of publicity, or copyright.

I have read, understand, and agree to the terms of this Permission Form.

(Print) Name: _____ **Date:** _____

Signature: _____ **Student ID Number:** _____

Parent/Guardian Consent (if the subject of this Permission Form is under 18 years of age.)

I am the parent or guardian of the minor named above, who is aged _____. I have the legal right to consent to and do consent to the terms of this Permission Form.

(Print) Parent/Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

5. PERSONAL INFORMATION *(Please provide your information as you would like to see it appear in print.)*

Your Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email: _____ **Expected Graduation Date:** _____

Name of School: _____ **Course of Study:** _____