



Adult Media Release

I, _____, do hereby agree to participate in the Stevens Initiative,
(Please print your name)

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I hereby grant and convey to the Institute all right, title and interest in any and all photographs, images, video or audio recordings made by the Institute or its representatives. I agree to be interviewed and to provide information in connection with the Stevens Initiative, including my personal experiences, remarks and recollections (“Interview Materials”). I grant and convey to the Institute the right to quote or paraphrase all or a portion of the Interview Materials, and to generally use and publish the Interview Materials. I grant the Institute the right to use my photograph, likeness, voice, image, video or video recording and Interview Materials with or without my name and biographical data, for broadcast, publication, display, distribution or publication in any and all media.

I also understand that my permission to use the photographs, recordings, videotaping and Interview Materials is for an unlimited duration and that I will not receive any compensation for granting this permission or for the use, if any, by the Institute of my image, voice and/or Interview Materials. I acknowledge the Institute has no obligation to use my image, voice, Interview Materials or other provided information in connection with the Stevens Initiative.

I understand that the Stevens Initiative is a public program and that some activities and events may be independently recorded or published by news media organizations or other attendees outside the control of the Institute and the Institute is not responsible or liable in any manner for any such recordings or publications.

I hereby unconditionally release the Institute and its representatives from any and all claims and demands arising out of the activities authorized under the terms of this Release, including any claims based on the right of privacy, the right of publicity, copyright, libel, defamation, or any other right.

By signing below, I represent that I have read the Release and I understand that I may not revoke or disaffirm the Release at any time.

Signature of Participant

Printed Name of Participant

Date