

PHOTO / VIDEO RELEASE & CONSENT FORM

University of Louisville Imaging, Television & New Media

- ✓ I authorize the University of Louisville to photograph, record video or record my name, likeness, voice and performance without payment or other compensation.
- ✓ I release all claim to audio and video recordings or photographs of this project/performance and assign all rights to these images or recordings to the University of Louisville.
- ✓ I understand use of these images and recordings may include educational materials, educational broadcasts and web sites or promotion of the University of Louisville, locally or globally.
- ✓ My assignment of these rights is not limited to any specific time period, geographic region or purpose.
- ✓ I warrant that all material furnished by me is either my own original work or work for which I have obtained copyright permission and full authority to use for this purpose.
- ✓ I agree to all of the above on behalf of myself, my minor child, other family member or person for whom I have legal responsibility.

Project Information

Title _____

Date _____

Signatures

Subject or Guest Name (Please Print) _____

Signature _____

Date _____

*Parent or Guardian Name (Please Print) _____

*Signature _____

Date _____

* parent or legal guardian name and signature is required if subject is a minor child or unable to sign for any reason