***Perspectives of Excellence:***

***Multimedia Exploration of Institutional Diversity***

**Photo/Video Release and Consent Form**

**Submitter Name:**

**Email Address:**

**Address:**

**City, State, Zip:**

**Phone:**

I authorize the University of Louisville (UofL) to use any submitted audio, photographs/images, narratives, videos or artwork (submitted materials) and my name, image, or voice without payment or other compensation.

For all audio and/or video recordings, photographs/images, stories, artwork or other materials submitted by me, I authorize the use of my name and license the UofL and/or its cohosts to use such submitted materials in displays, public relations, marketing, or designs.

I agree to the use of any such submitted materials by UofL for its use, with or without my name, which may include educational materials and displays, educational or promotional broadcasts, web sites or promotion of UofL, including the right to incorporate such submitted materials in works which UofL will hold copyrights.

My license of these rights is not limited to any specific time period.

I understand the submitted materials will not be used for commercial gain by any other third parties (except for use by UofL and/or its cohosts).

If any submitted materials include materials (e.g. images/photographs, other copyrighted works) of others, I warrant that submitted materials is either (1) my own original work or (2) work for which I have obtained copyright permission and have full authority to license for UofL’s use for this purpose.

I waive any right that I may have to inspect and/or approve the finished product or other text/image/recording that may be used in connect with UofL’s (and/or its cohosts’) use of these submitted materials.

If any of the submitted materials contain the image/photograph/video or audio of another person other than myself, I warrant that (1) I have the authority to authorize such on their behalf (e.g. my minor child, other family member or person for whom I have legal responsibility and authority to authorize) or (2) that I have obtained the signature and authorization from the appropriate individual(s) as included below.

**Signature of Submitter (parent or guardian if submitter is under 18) Date**

Subject Name(s) (please print):

If subject is a minor, parent or guardian name:

Subject’s address:

Subject’s email:

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 and authority to authorize.

**Subject Signature (parent or guardian if subject is under 18) Date**

Subject Name(s) (please print):

If subject is a minor, parent or guardian name:

Subject’s address:

Subject’s email:

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 and authority to authorize.

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