

University of South Alabama Image Release Form

Audio/Film/Video/Photo Release Form

I hereby consent to the use of my name, photograph, image, voice or other likeness for broadcast, online or print purposes including, without limitation, in audio, film, video, digital, print or any other electronic means, including paid promotion or advertising, by the University of South Alabama as it deems appropriate and in its sole discretion.

I further agree that my name and/or photograph or other likeness may be used with additional visuals, copy or other such elements for publications or advertising, without restriction as to manner, frequency or duration of usage, if any. I further agree that all such materials produced hereunder may be edited by the University of South Alabama in its sole discretion, and are and will remain the sole and exclusive property of the University of South Alabama and that I do not have the right to review such materials prior to their use. I further consent to the use of statements, comments, or opinions I have made, whether oral or written, referring or relating to the University of South Alabama, its business, or any University of South Alabama program.

I represent that I am over the age required by law in this state to enter into binding agreements and that I have no conflicting contractual obligations that would interfere with performing services hereunder or my granting the rights herein granted. I hereby release and discharge the University of South Alabama from any and all liability arising out of my participation in or in connection with the University of South Alabama's project covered by this Release Agreement. If I am under the age of 19, the signature of my parent/guardian below shall constitute the parent/guardian's consent on my behalf to the terms and conditions of this Release Agreement.

This Release Agreement, and the consent given herein, is irrevocable and is given on the express understanding and condition that no reward or compensation is or shall be due to me or to the undersigned parent/guardian for the giving of this consent.

Signature: _____ **Date:** _____

Print Name: _____

Address: _____

Telephone: _____

FOR MINORS UNDER 19 YEARS OF AGE

Signature of Parent/Guardian _____ **Date:** _____

Print Name: _____

Address: _____

Telephone: _____

Print Child's Name: _____

Print Teacher's Name: _____