



MEDIA, PHOTO AND VIDEO CONSENT AND RELEASE FORM

As a participant in _____ I, _____, understand that **Albany State University** will be videotaping and/or photographing events, activities, and individuals involved in or attending these activities. I hereby authorize **Albany State University**, hereinafter "**University**", and those acting pursuant to its authority to:

- a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- b) Use my name in connection with these recordings.
- c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the **University**, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I, the above-named person, do hereby grant permission to Albany State University, the Board of Regents of the University System of Georgia, and their successors, licensees and assigns (hereinafter referred to "Releasees") permission to photograph me or otherwise record my image, and to publish such image or depiction in any form, including, but not limited to, print, electronic, video or Internet. I hereby consent and permit such images or depictions to be used by Releasees for any purpose, including, but not limited to, illustration, trade, advertising or promotion. I understand and agree that Releasees may publish such images or depictions without notification prior to or after such publication.

I understand that I will not have an opportunity to review or approve uses of the recording or works, and I hereby waive any right to inspect or approve the same. I understand that I will not have an opportunity to review or approve uses of the recording or works, and I hereby waive any right to inspect or approve the same. To the extent the image or media of my child is an educational record and may contain personally identifiable information about my child as defined by the Family Educational Rights and Privacy Act of 1974 ("FERPA"), I hereby consent to the release of the image or media.

I hereby grant to Releasees permission to edit, crop, retouch, or otherwise alter such images or depictions, and waive any privilege to inspect such images or depictions prior to publication. I understand that Releasees may use the images or depictions with or without associating my name thereto, and I waive any privilege to approve any copy associated with such images or depictions prior to publication. I further waive any claim for compensation of any kind for the use or publication of the images or depictions

I hereby forever discharge and release any claim for damages of any kind (including, but not limited to, invasion of privacy or misappropriation) arising out of the use or publication of such images or depictions by the Releasees, and covenant and agree not to sue the Releasees, their employees, officers, members, servants or agents for such use or publication. I agree that any intellectual property rights associated with such images or depictions are the sole property of the Releasees. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable. I understand that the acceptance of this Consent and Releases form shall not constitute a waiver, in whole or in part, of the sovereign and official immunity of the Releasees, or their members, officers, agents and employees.

I release the **University** and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the **University** and I give such consent without expectation of compensation or remuneration. I have read and fully understand the terms of this release.

If the Participant is under 18 years of age, the parent or legal guardian must initial the statements below and sign this document to affirm acceptance of the aforementioned terms:

_____ I certify that I am the parent or legal guardian of the participant. I have read, understood and accept the terms of this entire document and consent to the provisions contained herein.

_____ I certify that I am at least 18 years of age and suffering under no legal disability and that I have received a copy of this document and have read the above carefully before signing.

Name of Participant (print)
(If 18 years or older)

Signature of Participant

Date

Name of Parent/Legal Guardian (print)

Signature of Parent/Legal Guardian
(For participant under age 18)

Date