TEXAS WOMAN'S UNIVERSITY™

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize Texas Woman's University (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 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. I have read and fully understand the terms of this release.

Name: _____
[Printed Name]

Address: _____
[Street Address]

_____
[City] [State] [Zip]

Phone: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18):

_____ Date: _____

Printed Name: _____

Texas Woman's University Photo Release for Large Groups

I hereby consent to the use, reproduction, editing and/or broadcast by Texas Woman's University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Texas Woman's University, from this day, without compensation to me. All negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Texas Woman's University solely and completely.

Date:____/____/____ Location: ____
MO / DY / YR

Publication:______________________________ Photographer:____________________________

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