

IMAGE CONSENT AND RELEASE FORM

I hereby authorize Temple University—Of The Commonwealth System of Higher Education and those acting under its authority (“University”) to:

- a. Record my likeness and voice on video, audio, photographic, digital, electronic or any other medium now existing or later invented; and
- b. Use my name in connection with these recordings; and
- c. Use, reproduce, exhibit or distribute in any medium and via any method (including, without limitation, photos, print publications, video, CD/DVD-ROM, e-mail, Internet/WWW, social networking sites) these recordings for any purpose that the University deems appropriate, including promotional or advertising efforts.

I release the University from liability for any violation of any personal or proprietary right I may have in connection with this use of the recordings. 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 consent and release.

NAME

PHONE

E-MAIL

STREET ADDRESS

CITY/STATE/ZIP

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

DATE

EVENT

PHOTOGRAPHY DEPARTMENT JOB #

DATE

TIME

LOCATION

CONTACT PERSON

USE

DESIGNER

BILLING AND DELIVERY INFORMATION

NOTES

