

- Date: \_\_\_\_\_
- Name (print full name): \_\_\_\_\_
- Signature: \_\_\_\_\_
- Relation to subject (if subject is a minor): \_\_\_\_\_
- Address: \_\_\_\_\_
- City, state, Zip code: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Requested by (Dept/Group): \_\_\_\_\_

I hereby grant the University of North Georgia, acting through its agents, employees, or representatives (“University”), the irrevocable right and permission to take photographs, video recordings, and/or audio recordings of me, including my name, image, likeness, performance, and/or voice (“Recordings”). I agree that the Recordings may be used by the University, including its successors, assigns and transferees, in perpetuity and without compensation to me, for any legitimate purpose on University and other websites and in publications, promotional flyers, educational materials, derivative works, and for any other similar purpose, whether in printed or electronic form, and in any and all other media, whether now known or hereafter existing. I agree that the University will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings.

I further agree that the Recordings, reproductions thereof, and all plates, negatives, recording tape, and digital files are and shall remain the property of the University. I release and fully discharge the Board of Regents of the University System of Georgia (“BOR”), the University, and their respective employees, agents, and representatives from any claim, damages, or liability arising from or related to my participation in the Recordings or the University’s future use of the Recordings. I will make no monetary or other claim against the BOR, the University, or their respective successors, assigns, or transferees for the use of the Recordings.

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has also signed below.