



## Photography & Video Consent and Release Form

I hereby authorize Marian University and those acting pursuant to its authority to:

- Record my likeness and voice on a video, audio, photographic, digital, electronic, or any other medium.
- Use my name in connection with these recordings.
- Use, reproduce, exhibit or distribute in any medium (e.g print publications, video, internet/social media, YouTube, CD/DVD) these recordings for any purpose that Marian University and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release Marian University and those acting pursuant to its authority from liability for any violation of 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 Marian University. I have read and fully understand the terms of this release.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under age 18):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_