

MEDIA, PHOTO AND VIDEO CONSENT AND RELEASE FORM

activities, and	that Albany State University Individuals involved in or attendi	will be videotaping and/or photographing events, ng these activities. I hereby authorize Albany State e acting pursuant to its authority to:
(a)	Record my likeness and voice or or any other medium.	n a video, audio, photographic, digital, electronic
(b)	Use my name in connection with	n 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.	
any personal recordings, in	or proprietary right I may have in whatever medium, shall remain the ctation of compensation or remun	ant to its authority from liability for any violation of connection with such use. I understand that all such the property of the University and I give such consent the terration. I have read and fully understand the terms
Participant Si	gnature:	
Printed Name	::	
Date:		
statements b	elow and sign this document to a	ne parent or legal guardian must initial the affirm acceptance of the aforementioned terms: guardian of the above-named minor. I have read, a document and consent to the provisions contained
herein. (Signa	ature is required.)	
		e and suffering under no legal disability and that I e read the above carefully before signing.
Name of Participant (print)		Signature of Participant (If 18 years or older)
Name of Parent/Legal Guardian (print)		Signature of Parent/Legal Guardian (For participant under age 18)