

PHOTO AND MULTIMEDIA RELEASE FORM

- I authorize the University of Louisville to photograph or record my name, likeness, voice and performance without payment or other compensation.
- I release all claim to audio and video recordings or photographs of this performance and assign all rights to these images or recordings to the University of Louisville.
- I understand use of these images and recordings may include educational materials, educational broadcasts and web sites or promotion of the University of Louisville.
- My assignment of these rights is not limited to any specific time period or purpose.
- I warrant that all material furnished by me is either my own original work or work for which I have obtained copyright permission and full authority to use for this purpose.
- I agree to all of the above on behalf of myself, my minor child, other faculty member, or person for whom I have legal responsibility.
- I waive any right to inspect or approve any work that bears my name, image, voice, written testimony, and biographical information.



PERSONAL INFORMATION

NAME (PLEASE PRINT)

AGE

TITLE / YEAR IN SCHOOL

DEPARTMENT / SCHOOL / HOMETOWN (IF STUDENT)

UOFL GRAD YEAR(S) & DEGREES

DATE

PARENT OR GUARDIAN* (PLEASE PRINT)

SIGNATURE

DATE

*parent or legal guardian name and signature is required if
subject is a minor child or unable to sign

OFFICE USE

PUBLICATION / USE

CLIENT

DATE PROCESSED

SHOT LOCATION