



PHOTOGRAPHY/VIDEOGRAPHY RELEASE FORM

CONSENT, WAIVER, AND RELEASE

I hereby give my consent to East Carolina University to prepare, use, reproduce, publish, or exhibit, my/my child's picture, portrait, likeness, or voice, or any or all of them in or in connection with production of university print and electronic publications. Any photograph, photo transparency, digital file, audiovisual tape, or any audiovisual illustration may be used without my prior examination of the finished product. I further give my consent to East Carolina University to use my/my child's name.

I hereby waive my right to privacy in connection with the consent above given, and I hereby release, discharge, and agree to hold harmless all the parties to whom this consent is given from any liability whatsoever and agree that this consent and waiver will not be made the basis of a future claim of any kind against staff and administration of East Carolina University.

MODEL NAME (PRINTED OR TYPED)

DATE

SIGNATURE OF MODEL

SIGNATURE OF PARENT/GUARDIAN (IF MODEL IS UNDER 18 YEARS OF AGE)

WITNESS