

## Photo/Recording Release

I grant permission to the Arizona Board of Regents, a body corporate, for and on behalf of Arizona State University, and its agents and employees (ASU), the absolute right to use, not use, reuse, publish, republish and make derivative works of, all or any part of photographs and/or motion pictures and/or voice recordings and/or written/spoken statements taken of me on the date(s) and at the location(s) listed below (the Photos/Filming), in any media now or hereafter known, including the internet, for the purpose set forth below, and for any related ASU purposes, including illustration, promotion, art, editorial, and advertising, without restriction.

I waive any right to inspect or approve the Photos/Filming, or any uses thereof, now or in the future, and I waive any right to royalties or other compensation arising from or related to the use of the Photos/Filming.

I release and discharge ASU of and from any claims, demands, and damages that may arise from or related to the use of the Photos/Filming, including any claims for libel or violation of any right of publicity or privacy, and including any re-use, distortion, blurring, alteration, or use in composite form. It is in the discretion of ASU to decide whether and how to use the Photos/Recordings.

This Release will be binding upon me and my heirs, legal representatives, and assigns.

Unless my parent or guardian signs where indicated on the signature lines below, I certify that I am 18 years of age or older, and I am competent to contract in my own name. I have read this Release and I fully understand the contents, meaning, and impact of this Release.

For subjects of the Photos/Filming who are under 18, this Release must be signed by both the minor subject and his/her parent or guardian. By signing, the parent or guardian attests that he/she is competent to contract in her/his own name, has read this Release, and fully understand the contents, meaning, and impact of this Release.

\_\_\_\_\_  
Date(s) of Photos/Recordings

\_\_\_\_\_  
Location(s) of Photos/Recordings

\_\_\_\_\_  
Purpose of Photos/Recordings

\_\_\_\_\_  
Photographer/Recorder

\_\_\_\_\_  
Signature of Subject of Photos/Recordings

\_\_\_\_\_  
Print Name of Subject of Photos/Recordings

\_\_\_\_\_  
Email Address of Signatory

I am a:  Student veteran  International student  Parent/Guardian

\_\_\_\_\_  
Signature of Subject of Photos/Recordings

\_\_\_\_\_  
Print Name of Subject of Photos/Recordings

\_\_\_\_\_  
Email Address of Signatory

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