Photo, Video, and Audio Consent and Release Form

I (“Participant”) authorize Indiana University - Radio/TV Services (RTVS), acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, including my name, my image, my likeness, my performance, and/or my voice (“Recordings”). I also grant RTVS an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by RTVS, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that RTVS will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings.

I release and fully discharge RTVS, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or RTVS’s future use of the Recordings.

**I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it.**

**I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has also signed below.**

Recordings are part of Project (Project name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Recordings

Date(s) of Recordings

Participant’s Signature Date **/ /**

Participant’s Printed Name Address City State Zip Phone Email

***If Participant is under 18 years old, then his/her parent or guardian must sign below.***

Parent/Guardian’s Signature Parent/Guardian’s Printed Name