**Photo & Video Authorization:**

I hereby consent to and authorize the use and reproduction, in print or electronic format by __________________________ [university] of any and all photographs, which have been taken for any publicity purpose without compensation. All electronic images, together with the prints, are owned by __________________________ [university]. I hereby acknowledge that I have read and understand these terms.

I authorize __________________________ [university] to make pictures and sound recordings of my child/children in this account and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements. __________________________ [university] is not responsible for third party photographs.

________________________________  __________________________  _____________  
Participant Name (Please Print)   Participant Signature   Date

If participant is under 18:

________________________________  __________________________  _____________  
Parent/Guardian Name (Please Print)  Parent/Guardian Signature  Date