

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize Eastern Kentucky University and its employees, regents, and volunteers (hereafter referred to as "University") to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium; and
- (b) Use my name in connection with these recordings; and
- (c) Use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University deems appropriate, including promotional or advertising efforts.

I release the University from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Name: _____

Address: _____
Street

City

State

Zip

Phone: _____

Signature: _____

Date: _____

Parent/Guardian Signature (if under 18):

Date: _____

