



Minor Photo Release Form

Start Date: _____ End Date: _____

I hereby authorize the CERSER Program at Elizabeth City State University hereafter referred to as "ECSU," to publish photographs taken of the minor child listed below, and our names and likenesses, for use in ECSU's print, online and video-based marketing materials, as well as other university publications.

I hereby release and hold harmless ECSU, its Trustees and any other divisions/departments of the university from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize (ECSU) to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, nor minor children, will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other university publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release ECSU, its contractors, its employees and any third parties involved in the creation or publication of university publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Parent/Guardian's Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Child: _____

Name and Age of Minor Child:

Name: _____ Age: _____