



## 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/Recordings**), 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/Recordings, 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/Recordings.

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/Recordings, 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/Recordings 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: \_\_\_\_\_

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

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

Parent/Guardian Signature and Print Name: \_\_\_\_\_

*(Parent or Guardian must sign only if Subject of Photos/Recordings is under 18)*

Date Signed: \_\_\_\_\_

Mailing Addresses of all signatories: \_\_\_\_\_

Emails of all signatories: \_\_\_\_\_

Name of ASU Photographer/Recorder: \_\_\_\_\_