



# Release Form

Date(s) of photograph(s) / video(s) / sound recording(s) \_\_\_\_\_

I hereby grant Abilene Christian University (ACU) the right to record my voice and likeness for use in a print or media production and to make unlimited use of the photograph(s) / video(s) / sound recording(s) of me.

I understand the photograph(s) / video(s) / sound recording(s) of me may be published or distributed by means of a print publication, the Internet, videotape, DVD, broadcast, podcast, cablecast, film or any similar electronic or mechanical method.

I understand that I do not own the copyright of the photograph(s) / video(s) / sound recording(s), and I waive any right to inspect or approve the final use(s) of the photograph(s) / video(s) / sound recording(s).

I have read this release and fully understand its contents, and I:

- am 18 years old or older and have the right to enter into this contract.
- am the parent / guardian of the minor named below and agree to these conditions.

NAME (PLEASE PRINT) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE (IF CHILD IS UNDER AGE 18) \_\_\_\_\_ DATE \_\_\_\_\_

**FOR UNIVERSITY USE ONLY:**

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ABILENE CHRISTIAN UNIVERSITY REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_