



**PHOTO AND VIDEO RELEASE FOR THE UNIVERSITY OF ALABAMA IN HUNTSVILLE**

I hereby authorize The University of Alabama in Huntsville (“University” or “UAH”) and all photographers, videographers, and all others acting pursuant to authority from UAH (collectively with UAH the “UAH Parties”), to record my likeness and voice on a video, audio, photographic, digital, electronic, or any other medium, and to use my name in connection with any such recording. I further grant the UAH Parties the absolute and irrevocable right and unrestricted permission to use any such recording, to copyright the same, and to use, reuse, publish and republish the same in whole or in part, individually or in conjunction with other recordings and in conjunction with any printed matter, in any and all media now or hereafter known, and for any purposes whatsoever for illustrations, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration, and to use my name in connection therewith if the photographer and/or videographer and UAH so chooses.

I hereby release and discharge the UAH Parties, including The Board of Trustees of the University of Alabama and its individual members, and all UAH officers and employees, from any and all claims and demands arising out of or in connection with the use of the recordings, including without limitation any and all claims for libel or invasion of privacy.

This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees and assigns of the photographer and/or videographer as well as the person(s) for whom the recordings were taken.

I waive any right that I may have to inspect and approve the finished product that may be used or to which it may be applied now and/or in the future, whether that use is known to me or unknown, and I waive any right to royalties to other compensation arising from or related to the use of the image or product.

I certify that I am at least 19 years of age (or if under 19 years of age, that I am joined in agreeing to this release by my custodial parent or legal guardian) and that this release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Model

\_\_\_\_\_  
Signature of Model (Regardless of Age)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

**FOR MINORS LESS THAN 19 YEARS OF AGE**

\*Minors, or persons less than 19 years of age, must have consent from the Custodial Parent or a Legal Guardian. If there are multiple Custodial Parents or multiple Legal Guardians, it is **HIGHLY RECOMMENDED** all Custodial Parents or all Legal Guardians sign to demonstrate consent on this release form. \*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Custodial Parent/ or Legal Guardian

\_\_\_\_\_  
Signature of Custodial Parent/or Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Custodial Parent/ or Legal Guardian

\_\_\_\_\_  
Signature of Custodial Parent/or Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #