



AMERICAN UNIVERSITY
WASHINGTON, D C

Minor Likeness Release Form

I, _____ hereby authorize American University to photograph or film my child and consent to the use of his or her likeness in any and all publications, educational materials, research, advertising, news media, video, and World Wide Web materials.

I understand and agree that such materials, including all negatives, positives, and prints shall become and remain the sole property of American University and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and/or used by AU for potential future uses and further agree to release the university from any and all liability arising from or in connection with the taking, use, publication, dissemination of such materials.

Print Minor's name: _____

Parent/Guardian Signature _____ Date _____

Print Parent/GaurdianName _____