RELEASE FORM FOR PHOTOGRAPHS, VIDEO, OR RECORDING

NAME ____________________________________________________________

DATE ___________________________ TIME: _____________________________

TITLE OF FILM: _____________________________________________________

I hereby authorize and consent to the taking of photographs, video, film, motion pictures and/or audio tape recordings of myself.

I hereby consent to and agree to American University’s use and distribute said materials in any and all media, now or hereafter known, for [DESCRIBE WHAT YOU ARE DOING WITH THE FILM] and whatever purpose the University deems necessary, including but not limited to:

1. Teaching and information applications
2. Any Commercial or non-profit purpose
3. Institutional publicity and public relations
4. Any other purpose which said institution may deem fit in the interest of education, knowledge or research

I agree that all right, title and interest in and to all such photographs (including negatives), videos, film, motion pictures and audio tapes and any reproductions thereof shall be the exclusive property of American University and that no compensation shall be due me.

I hereby release American University, its officers, directors, agents and employees from all liability or legal responsibility that may arise from the acts that I have authorized or consented to herein.

I have read and understand the above provisions and agree to be bound by them, as indicated by my signature.

_________________________________________
Signature of Subject

_________________________________________
Printed name

_________________________________________
(Signature of legal guardian if subject is under age 18)

_________________________________________
Printed name