



FAYETTEVILLE
STATE UNIVERSITY™

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize Fayetteville State University (university), and those acting pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print or digital) these recordings for any purpose that the university, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.
- (d) Share imagery for use in marketing and fundraising.

I release the university and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the university.

I have read and fully understand the terms of this release.

Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18):

_____ Date: _____

Program Manager Signature:

_____ Date: _____