



TEXAS WOMAN'S
UNIVERSITY™

**PHOTOGRAPHIC CONSENT
AND RELEASE FORM**

I hereby authorize Texas Woman's 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 publications, video tapes, CD-ROM, Internet/www) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

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: _____
[Printed Name]

Address: _____
[Street Address]

[City] [State] [Zip]

Phone: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18):

_____ Date: _____

Printed Name: _____

