TEXAS WOMAN'S UNIVERSITY

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize Texas Woman's University (University), and persons working at its direction (including employees, contractors, and approved service providers) to perform the following in connection with University-related activities and communications:

a) Photograph, film, and otherwise record my name, likeness and voice on a video, audio, photographic, digital, electronic, or any other medium (collectively, "Recordings");
b) Use my name, voluntarily provided biographical information, TWU affiliation, and statements or testimonials that I voluntarily provide in connection with the Recordings or University-related communications; and
c) Edit, crop, reproduce, publish, distribute, display, broadcast, and otherwise use the Recordings in any medium now known or later developed – including University websites, social media, print and digital publications, presentations, news and public-relations materials, advertising, recruitment, fundraising, advancement, and communications about TWU's educational programs, people, activities, and events – without further approval or compensation.

I release the University and persons acting pursuant to its authority from claims and liability for any violation of any personal or proprietary right I may have in connection with such use of Recordings within the scope of this consent. I understand that all such Recordings, in whatever medium, shall remain the property of the University. I understand that I will not have the right to inspect or approve the final Recordings or materials incorporating them before publication or distribution.

I have read and fully understand the terms of this release and voluntarily consent to the uses described above.

Name: _____
[Printed Name]

Address: _____
[Street Address]

_____
[City] [State] [Zip]

Phone: _____

Signature: _____ Date: _____

Parent/Guardian (if under 18):

Signature:_____ Date: _____

Printed Name:_____

TEXAS WOMAN'S UNIVERSITY

Texas Woman's University Photo Release for Large Groups

By signing below, I voluntarily authorize Texas Woman's University ("TWU") and persons working at its direction to photograph, film, or record my name, image, likeness, appearance, and voice at the event identified below and to edit, reproduce, publish, distribute, display, and otherwise use those recordings, without compensation or further approval, in TWU-related educational, informational, recruitment, fundraising, advancement, publicity, and promotional communications, including websites, social media, advertising, and print publications.

All digital or printed copies, video-recorded images and audio recordings shall constitute the property of Texas Woman's University solely and completely. I understand that I will not have the right to inspect or approve the final Recordings or materials incorporating them before publication or distribution.

To the extent permitted by law, I release TWU and persons acting on its behalf from claims based on uses within this authorization. I have read and fully understand the terms of this release and voluntarily consent to the uses described above.

Date:_____/_____/_____ Location: _____
MO / DY / YR

Publication:_____ Photographer: _____

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