

Release for Use of Photography/Video/Sound

Date:	
Program Title:	
Department:	

I hereby grant permission to Appalachian State University, Boone, N.C. (hereinafter "Appalachian State University" or the "University"), to use my name, picture, photograph, video and/or sound byte in a promotional video for Appalachian State University or in other University publications without consideration, and I acknowledge the University's right to crop or treat the photograph/video/sound byte at its discretion.

I also acknowledge that the University may choose not to use my photo/ video/ sound byte at this time, but may do so at its own discretion at a later date. I warrant and represent that I have the legal right to permit myself to be recorded, photographed, and/or filmed, and to authorize the University's use of my name, picture, photograph, video and/or sound byte in a promotional video for the University's legitimate educational or commercial purposes, either on or off campus.

I further warrant and represent that I have the legal right to permit the use and publication of biographical or other documentary information I may provide to the University for use and publication related to the promotional video and to the University.

I hereby waive any right to inspect or approve the finished photograph/ video/ sound byte or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied, however may request a copy of the final product(s).

I hereby release, discharge and agree to save harmless the State of North Carolina, the University of North Carolina, Appalachian State University, and their respective representatives, assigns, employees or any person or persons, corporation or corporations, acting under either of their permission or authority, or any person(s) or corporation(s) for whom either of them might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any alleged violations of intellectual property rights, distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product or related promotional material, its publication or distribution of the same.

I hereby agree that I am eighteen (18) years of age or older. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release.

Name (Please Print)		
Company		
Signature	Date	
Street Address		
City, State/Province/Countr	y Zip	-
If under the age of eig	hteen, parent/guardiar	must sign below:
about to be taken may	at any photographs/vio	leos/sound bytes which have been or are for the purposes set forth in the release ame force and effect as if executed by me.
Parent/Guardian Name	e (Please Print)	
Address		
Signature	Date	