

PHOTO RELEASE

I hereby authorize The University of North Alabama and those acting in 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.
- Use, reproduce, exhibit, or distribute in any medium (e.g. print publications, video, CD-ROM, Internet) 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: _				
Address				
	Street			
	City	State		ZIP
	City	State		ZII
Phone:				
Signatu	re:		Date:	
Parent/C	Guardian Signature (if under	18):		
			Date:	
				Revised July 2019