

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Photo/Video Authorization and Release Form

Event: _____ **Date:** _____

ISU department/unit: _____

In consideration for my permitted attendance/participation in the above identified event, I hereby agree and authorize Iowa State University of Science and Technology on behalf of its department/unit identified above (together, "ISU") to, without any restriction, record, use, publish, edit and distribute my photograph, image or likeness, and/or a recording of my voice or the event in whole or in part, and authorize others to do so. This authorization is provided to ISU whether used individually or in conjunction with other photographs or recordings from this event or other events, in any manner or form, in any medium whether now known or developed in the future, at any time or place desired by ISU, including the publication on the internet and inclusion in promotional materials regarding ISU programs.

Further, I hereby agree to:

- RELEASE AND DISCHARGE ISU from any liability or claim that arises out of or is related to any use or alteration that may occur in the use, marketing and editing of the event or use of my image, voice or likeness.
- INDEMNIFY AND HOLD HARMLESS ISU from any liability or claim arising out of or related to the use or dissemination of my image, voice or likeness.
- WAIVE any right to inspect, approve, restrict or improve the finished version, including written copy that may be created in connection with the photographs, images and/or voice recordings.

I agree that I am to receive no further consideration, other than that already received, for any use or future uses by ISU. I intend for this agreement to be binding on my heirs and successors, and it represents the entire agreement between ISU and me regarding the matters herein agreed.

I affirm that I have read this authorization and release before signing and that I understand the contents, meaning and impact. If signing as parent/guardian below, I affirm that I am legally authorized to do so on participant's behalf.

*** This form must be signed by the Participant's parent/guardian if the Participant is not at least 18 years of age.**

Signature

Date

Participant Name: _____

Parent/Guardian Name (if under 18): _____

Participant Address: _____

Participant Phone: _____