



PHOTOGRAPHY RELEASE
(Optional)

I/we authorize and give consent to East Carolina University and those acting pursuant to its authority (collectively referred to as “the University”), to use Participant’s name, photographs and/or likenesses of Participant, and record Participant’s voice (collectively referred to as “Recordings”) in connection with the Activity for any use that the University, in its sole discretion, deems appropriate, including, but not limited to, promotions and/or advertising. I/we further consent to any broadcast and reproduction of any Recordings without my/our prior notice or consent. I/we further understand that all such Recordings, in whatever medium, shall remain the sole property of the University, and that no compensation of any kind, monetary or otherwise, on account of or arising from the Recordings, will be forthcoming. On behalf of me/us and the Participant, I/we hereby waive any right to privacy in connection with the Recordings, and I/we hereby release, discharge, and agree to hold harmless the University from any claim, damages or liability whatsoever that arises from any and all uses of the Recordings.

(This Photography Release shall be valid and acceptable if signed by one Parent/Guardian, but it is requested that a second Parent/Guardian also sign if a second Parent/Guardian is available).

PARENT OR GUARDIAN

PARENT OR GUARDIAN

 Printed Name

 Printed Name

 Signature

 Signature

 Date

 Date

(Updated 11-15-16. The original signed Liability Release shall be kept and maintained by the department or program sponsoring the Activity for no fewer than seven (7) years after conclusion of the Activity.)