



PHOTO/VIDEO/AUDIO RELEASE FORM

LOCATION

DATE

I hereby grant Howard Payne University the right to use photographs, video and/or audio taken of me by agents or employees of the university for educational, promotional or advertising purposes related to the university. This permission includes, without limitation, the right to reproduce these images/audio in the university's various publications, displays, electronic/online media, broadcast opportunities and other means, where applicable.

I understand that the above is without compensation to me, the undersigned, and is the property of Howard Payne University.

I hereby acknowledge that I am 18 years of age or older and have read and understand the terms of this release form. (If under age 18, please print and sign name and have a parent or guardian complete the section below.)

NAME (PRINTED)

SIGNATURE

If the individual signing above is not yet 18 years of age, there should be consent by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of the above individual, a minor, and that I have read and approved the above release.

NAME OF PARENT OR GUARDIAN (PRINTED)

SIGNATURE

DATE

PERMANENT ADDRESS

CITY

STATE

ZIP

HOME PHONE

MOBILE PHONE

E-MAIL