

## General Release Form for Photography/Videography/Audio Recording - Child

In the interest of health education, I grant A.T. Still University (ATSU) permission to record my child's likeness and voice on a video, audio, photographic, digital, electronic, or any other medium. I authorize ATSU to use, reproduce, exhibit or distribute in any medium these recordings for any purpose that ATSU, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts., Examples of permitted mediums include, but are not limited to classroom materials, printed and online publications, television, display, advertising, editorial illustration, web site, audio broadcasts, etc.

I agree and understand all photographs, video, and audio become the property of ATSU and I hereby release ATSU from any and all claims I may have from its use of my image or voice. I release ATSU 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 also give ATSU permission to use my child's name, relationship to the University, and hometown/state in an accompanying caption or quote, if applicable.

\_\_\_\_\_  
Subject's Name (Printed)

\_\_\_\_\_  
Guardian's Name (Printed)

\_\_\_\_\_  
Guardian's Name (Signature)

Date \_\_\_\_\_

### Relationship to ATSU

- Faculty/Staff       Alumnus       Friend of the University

**Campus:**       Arizona                               Missouri                               Online  
 Other \_\_\_\_\_

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### FOR REQUESTING DEPARTMENT'S COMPLETION

- Description of Session**       Photography               Videography               Audio  
 Request for Quote/Statement

\_\_\_\_\_  
Photographer's Name

\_\_\_\_\_  
Presenting ATSU Representative's Name