

Salisbury University
Visual Image Consent and Release Form

Name of Participant: _____

Date of Photo/Recording: _____

Reason for Photo/Recording: _____

In consideration of the service that may be rendered to education by my assisting Salisbury University in the collection and dissemination of educational and instructional resources, I authorize Salisbury University and those acting pursuant to its authority:

- (1) to photograph and record on videotape, audiotape, digital video, film or any other medium, my above-described participation and appearance; and
- (2) to exhibit, broadcast, duplicate and distribute such photograph(s)/recording(s) in whole or in part, without restriction or limitation, for any educational purpose which Salisbury University shall deem appropriate, including for promotional purposes.

I acknowledge that this consent and release is of perpetual duration. I understand and agree that use of my likeness for the above purpose confers upon me no rights of ownership whatsoever. As exclusive owner, Salisbury University has the sole and exclusive right to display any materials or product produced for the University, its website or other publications and any copies made.

I confirm that any and all material furnished by me for the University's use is either my own or otherwise authorized for such use without obligation to me or to any third party.

I release Salisbury University from any claim that I may have by reason of the making, reproduction or playing of the photograph(s)/recording(s). I further release any right in the photograph(s)/recording(s) and consent to the use of my name, likeness, voice and biographical material in connection with University publicity and for instructional promotional purposes.

Signature: _____

Address: _____

Consent and release of parent or guardian of participant, **if a minor:**

Signature: _____

Address: _____