



PHOTOGRAPHY/VIDEO/AUDIO CONSENT AND RELEASE

(Not for use for persons under 18 years of age)

I authorize the University of Richmond to copyright and publish all photographs, video footage, or audio recordings in print or electronic format in which I may appear or speak that are taken by or for the University. I agree that the University may use, edit or reproduce such photographs, video footage, or audio recordings or share them with others for any purpose related to the promotion of the University and its related programs and activities. I release all claims against the University of Richmond and others with respect to the copyright, publication or use of such photographs, video footage, or audio recordings, including any claim for compensation related to their use.

PLEASE PRINT LEGIBLY.

CIRCLE ONE

Print Name _____	Signature _____	Student/Staff/Faculty
Print Name _____	Signature _____	Student/Staff/Faculty
Print Name _____	Signature _____	Student/Staff/Faculty
Print Name _____	Signature _____	Student/Staff/Faculty
Print Name _____	Signature _____	Student/Staff/Faculty
Print Name _____	Signature _____	Student/Staff/Faculty
Print Name _____	Signature _____	Student/Staff/Faculty
Print Name _____	Signature _____	Student/Staff/Faculty
Print Name _____	Signature _____	Student/Staff/Faculty
Print Name _____	Signature _____	Student/Staff/Faculty

Date _____ Photographer _____

Shoot Location _____

Staff Member _____