

THE UNIVERSITY of TENNESSEE CHATTANOOGA

PHOTOGRAPH/VIDEO AUTHORIZATION AND RELEASE AGREEMENT FOR MINOR PARTICIPANT

Program Information

ProgramName: Youth University
Date(s): June-July 2017
Location(s): UTC campus

[Note: This section to be filled in by the Program Director]

Participant Information

Participant Name:
Date of Birth:

Address:

City, State, Zip Code:

[Note: Parent/Legal Guardian should fill in this section]

I am the parent or legal guardian of the Participant named above ("Participant"), who is under eighteen (18) years of age. I am fully competent to sign this Agreement and have the legal right and authority to enter this Agreement on behalf of the Participant. In consideration for the Participant being allowed to participate in the Program identified above ("Program"), I give permission to The University of Tennessee, including its Chattanooga campus "University", to use the likeness of the Participant in all forms and media for advertising, trade, and any other lawful purposes.

I hereby consent to and authorize the University, or any person or organization authorized by the University, the absolute and irrevocable right and unrestricted permission for photographing, filming, video/audio recording, and/or directly transmitting television signals of Participant's image and voice ("Audio/Visual Records") and to use, reuse, publish, and republish any such Audio/Visual Records, in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, without restriction as to alteration, in connection with any use if the University so chooses, without any compensation to the Participant or the Participant's heirs, executors, administrators, assigns, legal guardians, family members, or legal representatives. I acknowledge and understand that any such Audio/Video Records will be copyrighted, owned, and controlled by the University.

I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes the University, and its trustees, officers, employees, affiliates, and agents from any and all claims and demands that may arise out of or in connection with the use of any such Audio/Visual Records, including without limitation, any and all claims for libel or violation of any right of publicity or privacy. I will not assert or file any claim of any kind against the University, its affiliates, associates, and/or clients in regards to this Agreement. This Agreement shall inure to the benefit of the heirs, legal representatives, licensees, and assigns of the University, as well as the authorized person(s) who make any such Audio/Visual Records. It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and that this Agreement shall be governed by the laws of the State of Tennessee.

In signing this Agreement, I acknowledge and represent that I have read and understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Parent or Legal Guardian Signature: _____

Parent or Legal Guardian Printed Name: _____

Date: _____