

# Belmont University

## Photo Release Form

I hereby give Belmont University, its employees, licensees, and agents, the absolute and irrevocable right and permission with respect to the photographs, audio recording, and/or video recording taken of me and/or my child in which I and/or my child may be included with others to:

- (a) copyright the photograph in the university's name or university photographer's name;
- (b) use, re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs, in any medium, including the Internet; and
- (c) use my and/or my child's name and biographical information in connection therewith if so desired.

I hereby release and discharge Belmont University, its trustees, officers, employees, licensees and agents from any and all claims and demands arising out of or in connection with the use of the photographs including all claims for invasion of privacy and appropriation.

This authorization and release shall also enure to the benefit of the legal representatives, licensees, and assigns of Belmont University as well as the person(s) for whom the photographs is taken.

I am over the age of eighteen (18) and have read the foregoing and fully understand its contents.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Child's Name (if applicable)