

**Auburn University
Office of Professional and Continuing Education**

Photograph Release Form

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I do hereby authorize Auburn University, and those acting pursuant to its authority to:

- a. Record my child's participation and appearance on video tape, audio tape, film, photograph or any other medium.
- b. Use my child's name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recordings in whole or in part without restrictions or limitation for any educational or promotional purpose which Auburn University and those acting pursuant to its authority, deem appropriate.

I further release Auburn University and those acting under its authority from any and all claims of damage for libel, slander, invasion of the right of privacy or any other claims based on, arising out of, or connected with the use of said recordings.

Participant's Name

Parent's Name

Participant's Signature

Parent's Signature

Date

Date

Camp Name and Dates: _____

Please include this form with the rest of your completed camp forms.