



PHOTO/VIDEO RELEASE FORM: minor

assignment # _____

PROGRAM TITLE: _____

PRODUCTION DATES: _____ LOCATION: _____

PROJECT MANAGER: _____

PARTICIPANT: _____

Please print child's full name

I hereby authorize and grant permission to the University of St. Thomas to reproduce my child's photographic or video image. I agree that such reproduction may be edited as desired and used in whole or in part for any and all print, audio-visual, multimedia, online, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to any benefits derived therefrom.

I recognize that I have the right to enter into the Agreement and that my rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

I agree to indemnify and hold harmless the University of St. Thomas from and against all claims, losses, expenses and liabilities of every kind including reasonable attorney's fees, arising out of the inaccuracy or breach of any provision of this Agreement. I expressly release the University of St. Thomas from any and all claims arising out of the use of my child's photographic or video image.

This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by the parties in writing.

Parent or Legal Guardian: _____ Date: _____
Please sign name.

Parent or Legal Guardian: _____
Please print name.

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ E-mail: _____