

# AD ASTRA & ARETE

## PHOTOGRAPH/MEDIA CONSENT AND RELEASE

Creighton  
UNIVERSITY

I hereby consent and authorize an employee or agent of Creighton University and/or Creighton University Medical Center (collectively "Creighton") to take photographs or motion pictures of me; or to produce videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that capture my name, voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

I authorize Creighton to copyright the Materials, and I authorize Creighton to use, reuse, copy, publish, display, exhibit, reproduce, license to third party, and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but are not limited to university publications, catalogs, articles, magazines, recruiting brochures, websites or publications, electronic or otherwise, without notifying me.

I also agree that Creighton may identify me by name, course of study, and such other identifying information as class year, graduation date, hometown, etc. **(If the person does not wish to be identified by name, etc., please have them cross through this sentence, and initial year.)**

- ☐ I agree that I am participating on a voluntary basis and I will not receive any payment from Creighton for signing this release or as a result of any publication of the Materials.
- ☐ No, do not include any photo of my child in any publications or promotion of the Ad Astra/Arete programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

**(To be signed if the person in the Materials is under the age of 19)**

I am the parent or guardian of the person whose image appears in the Materials and I give my authorization and consent on his/her behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address