

Talent Release Form

Last updated: 09/05/2019

Video/Photo/Audio Consent Form

I, the undersigned, do hereby consent to the use by the University of Illinois at Urbana-Champaign of my child's image, voice, or both described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, social media, or any other purpose on behalf of either the university or its Foundation.

I warrant that I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by either the university or the Foundation. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Date: _____

Age of Student: _____

Mailing Address: _____

Student Name: _____

Parent and/or Legal Guardian Name: _____

Parent and/or Legal Guardian Signature: _____