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## Photo Release Form

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

Event: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

I hereby authorize Elizabeth City State University and associated school funding agencies to publish the photographs or videos taken of me, and my name, for use in printed publications, videos, and on authorized web sites.

I acknowledge that since my participation in media produced by these entities is voluntary, I will receive no financial compensation.

I further agree that my participation in any media produced by these entities confers upon me no rights of ownership whatsoever. I release these entities and their employees from liability for any claims by me or any third party in connection with my participation.

Signature (Student, Parent, or Participant): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_