## Southeast Missouri State University

## Video/Photography Release

In consideration of my engagement as a video tape/photography subject, upon the terms herein after stated, I hereby grant Southeast Missouri State University, its legal representatives and assigns, those for whom Southeast Missouri State University is acting, and those acting with its authority and permission (e.g. members of the media, etc.), the absolute right and permission to copyright and use, re-use and distribute visual and aural representations of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with my own or a fictitious name, for any purpose whatsoever.

I hereby waive my right to any compensation and any right that I may have to inspect or approve the finished product(s) or printed matter that may be used in connection therewith.

I hereby warrant that I am of full age and have every right to contract in my own name, or as legal guardian for the below named minor child or subject for whom I have guardianship over, in the above regard. I state further that I have read the above authorization, release and agreement prior to its execution, and that I am fully familiar with its content.

| Name (Please Print)                     |                                     |      |
|---|-------------------------------------|------|
|   |                                     |      |
|   |                                     |      |
| Signature                               | Date                                |      |
| Signature                               | Bute                                |      |
| <u>Under 18 / I</u>                     | Legal Guardian Authorization        |      |
|   |                                     |      |
|   |                                     |      |
|   |                                     |      |
| Name of Child Under 18 or Subject for W | hom Guardianship is Held (Please Pr | int) |
|   |                                     |      |
|   |                                     |      |
| Address                                 | City / State                        | Zip  |
|   |                                     |      |
|   |                                     |      |
| Printed Name of Parent / Legal Guardian |                                     |      |
|   |                                     |      |
|   |                                     |      |
| Signature of Parent / Legal Guardian    |                                     | Date |
| -                                       |                                     |      |