UNIVERSITY OF HOUSTON-VICTORIA
AUTHORIZATION FOR USE OF PHOTOGRAPH OR LIKENESS

I, (printed name) _____do permit and authorize the University of Houston-Victoria (University) and its employees, agents, and personnel who are acting on behalf of the University to use my photograph or other likeness for purposes related to the educational mission of the University, including publicity, marketing, and promotion of the University and its various programs without compensation to me. I understand my photograph or likeness may be copied and distributed by means of various media, including video presentations, television, news bulletin, mailouts, billboards or signs, brochures, placement on University websites, other electronic delivery, or publications. I waive any right to inspect or approve the finished product, or any material in which the University may eventually use the photographs.

I relinquish and give the University all rights, title and interests in and to the photographs, including any copyright therein. This consent and release shall be binding upon my heirs, successors, assigns, and legal representations.

I understand that, although the University will endeavor to use my photograph or likeness in accordance with standards of good judgment, the University cannot warrant or guarantee that any further dissemination of my photograph or likeness will be subject to University supervision or control. Accordingly, I release the University from any and all liability related to dissemination of my photograph or likeness, reproduction, distribution, and display of the photographs in print or any and all other media, and any alteration, distortion or illusionary effect, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for the use of any photos or other likeness at any time in the future.

I have read and understand the conditions of this consent form.

_____ _____ _____
Signature Age (if minor) Date

_____ _____
Printed or Typed Name Phone

_____ _____
Address City/State/Zip

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR

I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

_____ _____
Signature Date

_____ _____
Printed or Typed Name Phone

_____ _____
Address City/State/Zip