



RELEASE FOR THE USE OF RECORDED IMAGE OR SOUND ON
VIDEOTAPE, FILM, PHOTOGRAPH, AUDIOTAPE OR LIVE
TRANSMISSION

Participant's Name: _____

Program/Event: _____ Production Date: _____

I acknowledge that I am over the age of eighteen, and that I am voluntarily participating in the production of the above-named program/event by Towson University (TU).

I agree that my participation in the above-named program/event confers upon me no rights of ownership whatsoever. I authorize Towson University, its affiliates, employees and assigns, to record my participation in this program/event and to use in any manner and without restrictions, all materials produced pursuant to this release, including but not limited to any photograph or recorded image of either me or property belonging to me, any recording of my voice or statements made by me for any purpose, and any use of my name during the process of such recordings, in whole or in part, without inspection or further consent or approval by me or by my parent or guardian (if applicable) of the finished product or any use which may be made of it. I further agree that TU may copyright, copy, modify, alter, duplicate, broadcast and/or distribute any or all such materials without limitation, through any means whatsoever.

In consideration for being allowed to participate in this production/event, I hereby release TU, its agents, employees, officers, directors and assigns, from liability for any claims by me or by any third party in connection with the aforementioned materials and/or my participation in the above-named program/event. This voluntary grant and release will not be made the basis of any future claim of any kind against TU, the University System of Maryland, or the State of Maryland.

I confirm that any and all material furnished by me for this program/event is either my own or otherwise authorized for such use without obligation to me or to any third party. I also agree to the use of my name, likeness, voice and biographical materials about me for program publicity and organizational promotional purposes.

This information is collected for the purpose of Towson University. There are no consequences for my refusal to provide this information. I have the right to inspect the materials, but not to amend them. The materials will be generally available for public inspection, and will be shared with entities other than Towson University.

PARTICIPANT

WITNESS

Signature
Date: _____

Signature
Date: _____

Street Address

City State Zip

Parent or Guardian Consent: I, as (father, mother, guardian) of the person named above, do hereby consent to the release of the material described above.

Name: _____

Signature: _____

Date: _____