



Today's Date ____ / ____ / 20 ____

CSU Student

Program Participant

Program Name _____

Photographs, Videos and Recordings Consent Waiver, Indemnity, Release, and Covenant not to Sue

GENERAL PUBLICITY RELEASE

I, _____, GRANT DO NOT GRANT
PRINT FULL NAME

Central State University permission to use my name, likeness, image, voice, remarks, and/or appearance as embodied in any photographs, video recordings, audio recordings, digital images, illustrations, etc., taken or made on behalf of Central State University for educational and promotional purposes.

I hereby grant permission to Central State University and its representatives to take photographs or videos of me and to make recordings of my voice and the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed for such purposes and Central State University deems fit. **I agree that Central State University has full ownership of any such media, including the entire copyright, and may use the media for any purpose consistent with Central State University's mission.**

I hereby waive any right to inspect or approve the use of the images or recordings. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

These uses include, but are not limited to, printed materials, electronic materials, Internet postings, advertisements, and all other educational or promotional material in any medium.

I hereby release, waive, forever discharge, and covenant not to sue Central State University, its governing board, officers, agents, employees, and any students acting on behalf of University from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I hereby acknowledge that this consent, waiver, indemnity, release and covenant not to sue is binding on me, my heirs, executors, administrators and assigns.

I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity, release, and covenant not to sue.

SIGNATURE

PRINT Full Name

Signature (if age 18 or older)

Date Signed

Signature of Parent/Guardian (if under age 18)

Date Signed

Please return this form to:
University Public Relations, Lionel H. Newsom Administration Building, Room 106, (937) 376-6198
publicrelations@centralstate.edu.