



**Office of Strategic
Communication**

University of Iowa
300 Plaza Centre One
Iowa City, Iowa 52242-2500
319-384-0019
Fax 319-384-0024

VIDEO/PHOTO CONSENT AND RELEASE
of **minor** Participant

The undersigned consent to still/film photography and/or electronic media recordings being made of the undersigned minor by the University of Iowa or its employees, agents or representatives ("University"). Those photographs ("Photographs") and/or recordings ("Recordings") are expected to be made *[briefly describe setting/context below]*:

The undersigned consent to allow the University to use those Photographs and/or Recordings for any University purpose and to distribute copies worldwide, in perpetuity, in whole or in part, in any form of media, without compensation to the undersigned.

The undersigned hereby transfer and assign to the University any right, title, and interest they may have in and to those Photographs and/or Recordings, including the copyright, and in and to all works based upon, derived from, or incorporating the Photographs and/or Recordings.

The undersigned irrevocably waive any right they may have to edit or approve the Photographs and/or Recordings in any of their forms.

The undersigned irrevocably release the University, its employees, agents, representatives and assigns, from any and all claims they may have at any time arising out of, or related to, the Photographs and/or Recordings or the use of the Photographs and/or Recordings, including, but not limited to, any claims based on the right of privacy, publicity, libel, or defamation.

Printed name of minor participant

Pronouns of reference

Signature of minor participant

Date: _____

Address: _____

Phone or e-mail: _____

Printed name of minor's parent / lawful guardian

Signature of minor's parent / lawful guardian

Date: _____

Address: _____

Phone or e-mail: _____