



**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 adult Participant

I, the undersigned, certify that I am of full legal age and have every right to contract in my own name.

I consent to still/film photography and/or electronic media recordings being made of me 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]*:

I 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 me.

I hereby transfer and assign to the University any right, title, and interest I 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.

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

I irrevocably release the University, its employees, agents, representatives and assigns, from any and all claims I 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 adult participant

Pronouns of reference

Signature of adult participant

Date: _____

Address: _____

Phone or e-mail: _____