



AUTHORIZATION AND RELEASE

I do hereby authorize Auburn University, and those acting pursuant to its authority to:

- a. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which Auburn University and those acting pursuant to its authority, deem appropriate.

I further release Auburn University and those acting under its authority from any and all claims of damage for libel, slander, invasion of the right of privacy or any other claims based on, arising out of, or connected with the use of said recording.

I acknowledge that I am 18 years of age or older.

Name (Please PRINT) _____

Address _____

City, State, Zip Code _____

Phone _____ Email _____

Signature _____

If the subject of the foregoing Authorization and Release is a minor, the undersigned parent or legal guardian of such minor is executing on behalf of such minor.

Minor Child's Name _____

Parent or Guardian Signature _____

Printed Name _____

Date _____, 20__

Clothing: