

Publicity and Photo Release Form

The University of Texas at Arlington ("UTA") at times desires to use photos, videos, and other likeness to depict university life, activities, courses, interactions, etc. in its social media, videos, brochures, posters, advertisements and other formats.

I hereby grant UTA the irrevocable right and unrestricted permission to use my likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of UTA. I agree that UTA has complete ownership of such material and can use said material for any purpose consistent with UTA's mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, web sites, and any promotional or educational materials in any medium.

I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc. I hereby release and discharge UTA from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance.

I hereby release, acquit and forever discharge UTA and The University of Texas System, its Board of Regents, officers and employees from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents.* This release shall be binding upon me, my heirs, legal representatives, and assigns. This agreement is being made and entered into under the laws of the State of Texas and shall be governed and interpreted in accordance with the laws of Texas.

Name (Printed): _____

Signature: _____ Date: _____

* If the person signing is under the age of 18, consent from a parent or guardian is needed. I hereby certify that I am the parent or legal guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____