

# Ohio State University

## Photo, Video Release and Authorization - Adult

I, (first and last name) \_\_\_\_\_ plans to participate in Insert Program Name, taking place Insert Program Dates. I acknowledge that during this programming, I may have my image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of me, and recordings of my voice, conversations, sounds, name, image and likeness, captured during and in connection with my participation in Insert Program Name in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose.

I further agree that OSU may use and permit others to use my name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and its programs throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

I acknowledge and agree that this agreement is binding on all of my heirs and assigns.

Print Full Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Authorizing Signature of Parent/Legal Guardian if  
Participant is under 18 years old: \_\_\_\_\_

Print Parent/Legal Guardian Name: \_\_\_\_\_