



COMMUNICATIONS & MARKETING
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Contact: Office of Communications and Marketing

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Elizabeth City State University
Release for Use of Photograph/Video Image

I, _____, authorize Elizabeth City State University (ECSU) to use and distribute video and audio footage and/or still photographs (media) of me in connection with publicity for ECSU.

By signing below, I hereby irrevocably grant and convey to ECSU all rights, title and interest in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings, and any reproductions thereof, made by ECSU in connection with _____.

I further irrevocably grant to ECSU, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above-mentioned sound, still, or moving images in any medium including, but not limited to, posting on the Internet and World Wide Web, for educational, promotional, advertising, or other purposes without limitation consistent with the mission of the ECSU. I agree that all intellectual property rights to the sound, still, or moving images belong to ECSU. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits that might be derived from such media.

If I am an enrolled student, I understand that this release constitutes a waiver of my privacy rights under The Federal Educational Rights and Privacy Act. This release is effective on the date written below and will remain in effect indefinitely. If the individual is less than eighteen (18) years of age, his/her parent or legal guardian must also sign below.

I hereby release ECSU, its Board of Trustees, officers, and employees from any and all claims or demands which I have or may have arising out of or in any way relating to the use of my name, image, voice, statements, writings, or other media as set forth above. A copy of this Consent shall have the same force and effect as the original.

Signature

Date

Printed Name

If the individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian of Individual Photographed/Recorded

Date

Printed Name of Parent/Guardian: