



CHAPMAN
UNIVERSITY

PHOTOGRAPHIC AND RECORDING CONSENT AND RELEASE

I irrevocably authorize the University, its employees, and its agents, to use my name, picture, voice, and likeness as recorded by the University on _____, 20__ for the purpose of _____ . I specifically authorize the University, its employees, and its agents, to use, reproduce, exhibit, or distribute my name and likeness for the above purpose in any communications medium currently existing or later created, including without limitation print media, television, and the Internet.

I release the University, its employees, and its agents, either in their individual capacities or by reason of their relationship to the University, from liability for any violation of any personal or proprietary right I may have in connection with the above use. I understand that all recordings of my name, picture, and likeness, in whatever medium, shall remain the property of the University.

I agree to hold harmless and release and forever discharge the University, its employees, and its agents, either in their individual capacities or by reason of their relationship to the University, from all claims and demands whatsoever, even if arising from the negligence of the University, that I or any other persons acting on my behalf or on the behalf of my estate have or may have against the University or any or all of the above-mentioned persons or their successors by reason of the permission effected by this Release.

I represent that I am at least eighteen (18) years of age and have the legal right to sign for myself. I further represent that I have read and understand this document completely before signing it. I agree that I will not revoke or disaffirm this Release at any time.

Name:

Address:

Phone:

Signature: _____

Date: