

## **Clemson University Authorization for Use of Photographic/Image/Video/Voice Recording**

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

Program Name: Clemson University \_\_\_\_\_

Dates of Program: \_\_\_\_\_

Clemson University Contact: \_\_\_\_\_

Participant Name: \_\_\_\_\_

PLEASE READ THIS DOCUMENT CAREFULLY. It affects the rights you may have concerning the use by Clemson University of any photographs, video, images or voice recording taken of you during the program identified above.

I, \_\_\_\_\_ hereby grant permission to Clemson University and its representatives and employees to take photographs or videos of me, to make recordings of my voice, and to obtain a transcript of my spoken or written words during my participation in the Clemson University \_\_\_\_\_. I give Clemson University permission to use these images, recordings, and spoken or written comments, as well as my name, likeness, voice and biographical information as follows:

1. To copy, reproduce, distribute, modify, display and perform.
2. To use in composite or modified forms in any media, now known or later developed, including but not limited to publications, newspapers, television, radio, sound track recording, motion picture, filmstrip, still photograph, the Internet, the world wide web, or any transcript.
3. For purposes including but not limited to education, research, trade, advertising, and promotion of Reading Recovery throughout the world and in perpetuity.

I agree that I will receive no further consideration, other than that already received, for these uses and that Clemson University owns all rights to the images and recordings. I waive the right to inspect or approve uses of the images, recordings or written copies.

I hereby release Clemson University, its representatives, agents, employees and assigns from any claims that may arise from these uses, including claims of defamation, invasion of privacy, or rights of publicity or copyright. This release is binding on me, my heirs, assigns and estate and represents the entire agreement between me and Clemson University regarding the matters herein.

I agree that Clemson University is not obligated to use any of the rights granted under this Agreement.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Parent or Guardian if participant is less than eighteen years of age)

\_\_\_\_\_  
Date