

PHOTOGRAPH / VIDEO CONSENT AND RELEASE (ADULT)

I, *(print name)* _____, hereby consent and grant permission to the Board of Trustees of Southern Illinois University Governing Southern Illinois University Edwardsville, its employees, and representatives (collectively SIUE) to take and use photographs, videotapes, digital images, or otherwise recorded images of me and to publish such images or depictions for promotional, marketing, or educational purposes in any form, including, but not limited to print, electronic, video, or Internet. I also hereby consent and grant permission to SIUE to edit, crop, retouch, or otherwise alter such images or depictions, I waive any privilege to inspect such images or depictions prior to publication, and I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of SIUE.

SIUE may ___ may not ___ *(check one)* use my name and identity in connection with the image.

(Date)

(Signature of adult subject)

(Address)

(City, State, ZIP)

PHOTOGRAPH / VIDEO CONSENT AND RELEASE (CHILD)

I, *(print name)* _____, parent or official guardian of *(child's name)* _____ hereby consent and grant permission to the Board of Trustees of Southern Illinois University Governing Southern Illinois University Edwardsville, its employees, and representatives (collectively SIUE) to take and use photographs, videotapes, digital images, or otherwise recorded images of **my child** and to publish such images or depictions for promotional, marketing, or educational purposes in any form, including, but not limited to print, electronic, video, or Internet. I also hereby consent and grant permission to SIUE to edit, crop, retouch, or otherwise alter such images or depictions of **my child**, I waive any privilege to inspect such images or depictions prior to publication, and I authorize the use of these images indefinitely without compensation to me or **my child**. All negatives, positives, prints, digital reproductions and videotape shall be the property of SIUE.

SIUE may ___ may not ___ *(check one)* use **my child's** name and identity in connection with the image.

(Date)

(Signature of parent or guardian)

(Address)

(City, State, ZIP)