



VIDEO / PHOTOGRAPH CONSENT FORM and FERPA RELEASE

I hereby grant The University of North Carolina at Chapel Hill (“University”) the irrevocable right and permission to use and distribute video and audio footage and/or still photographs (“media”) of me that are taken during my participation in _____.
Professor/Class Name/University Event

The intended use of this media is brochures, publications, Internet website, audiovisual presentations, promotional literature, advertising, or for any other purpose related to the mission of the University. I understand that I will not be compensated for the use of the media of me.

I understand and agree that I may be identified by name and title in information that might accompany the media of me. I agree that all such portraits, pictures, photographs, video, and audio recordings and any reproductions thereof, and all plates, negatives, recording tape, and digital files shall remain the property of The University of North Carolina at Chapel Hill. I waive the right to approve the final product.

I hereby release and forever discharge The University of North Carolina at Chapel Hill, its trustees, agents, officers and employees, from any and all claims and demands arising out of or in connection with the use or distribution of said media, including but not limited to, any claims for invasion of privacy, appropriation of likeness, violation of copyright, and/or defamation.

FERPA RELEASE: I understand that the media may be protected by the Family Educational Rights and Privacy Act (“FERPA”) as education records. I hereby authorize the University to release the media from this event to faculty, staff, students, and visitors to of the University, which may include the general public. The purpose of the disclosure is to advance the educational mission of the University.

I hereby warrant that I am eighteen years old or more and competent to contract in my own name. This release is binding upon me and my heirs, assigns, and personal representatives. This consent shall remain in effect until revoked. A copy of this Consent shall have the same force and effect as the original.

Signature

Date

Printed Name

Email or Preferred Method of Contact



If 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:

Email or Preferred Method of Contact