

TEXAS A&M UNIVERSITY-COMMERCE

MEDIA RELEASE AND WAIVER

I, (printed name of participant) _____, do hereby give Texas A&M University-Commerce, its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, photograph, or video in all forms and media and in all manner, for advertising, trade or in any other lawful purpose for the benefit of Texas A&M University-Commerce only. I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a website that may be created in connection therewith. I am eighteen (18) years of age or older. I understand that Texas A&M University-Commerce cannot control the unauthorized use by persons other than Texas A&M University-Commerce, of my name or image once such name or image is published. Any claim I may have concerning unauthorized publication of my name and image must be pursued by me against the unauthorized user. Texas A&M University-Commerce disclaims any responsibility for such unauthorized use of my published name or image.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntary and irrevocably give my consent and agree to this Release and Waiver.

Executed this _____ day of _____, _____

Signature _____ Witness _____
Signature of person whose printed name appears above.

Address _____

City, State, Zip _____

Primary Phone _____ Secondary Phone _____

IF PARTICIPANT IS UNDER THE AGE OF 18, his or her parent/legal guardian must sign below:

I, (printed name) _____, am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating as described above, and I fully enter into and agree to the above Release and Waiver and forever waive any rights there from.

Signature of Parent/Legal Guardian: _____

Date: _____ **Phone Number:** _____

Address: _____

City, State, Zip: _____