

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize The Catholic University of America and those acting pursuant to its authority (“University”) to:

- (a) Record my likeness and voice in any medium; and
- (b) Use my name in connection with these recordings; and
- (c) Use, reproduce, exhibit or distribute in any medium these recordings for any purpose that the University deems appropriate, including promotional or advertising efforts.

I release the University from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Name: _____

Address: _____
Street

City _____ State _____ Zip _____

Phone: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____