UNIVERSITY OF HOUSTON-DOWNTOWN

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I, (printed name)_____do permit and authorize the University of Houston-Downtown (the "University") and its employees, agents, and personnel who are acting on behalf of the University to create and/or obtain and use a photograph, video and/or audio recording or other likeness of myself (hereinafter collectively referred to as "My Likeness") for purposes related to the educational mission of the University, including publicity, marketing, and promotion of the University and its various programs without compensation to me. I understand My Likeness may be copied and distributed by means of various media, including, but not limited to, video presentations, simultaneous television, rebroadcast, radio distribution or retransmission, news bulletin, mail-outs, billboards or signs, brochures, placement on University websites, other electronic delivery, or publications. I acknowledge that the University has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of My Likeness, including, but not limited to my image, voice or performance in accordance with this agreement. I waive any right to inspect or approve the finished product, or material in which the University may eventually use My Likeness.

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I understand that, although the University will endeavor to use My Likeness in accordance with standards of good judgment, the University cannot warrant or guarantee that any further dissemination of My Likeness will be subject to University supervision or control. Accordingly, I release the University from any and all liability related to the dissemination, reproduction, distribution, and/or display of My Likeness in print or any and all other media, and any alteration, distortion or illusionary effect of My Likeness, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for use of My Likeness which was released based on this authorization.

I have read and understand the conditions of this consent form.

_____	_____/_____
Signature	Date Age (if minor)
_____	_____
Printed or typed name	Phone
_____	_____
Address	City/State/Zip

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR.
I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

_____	_____
Signature	Date
_____	_____
Printed or Typed Name	Phone
_____	_____
Address	City/State/Zip

APPROVED AS TO FORM BY:
OFFICE OF THE GENERAL COUNSEL
UNIVERSITY OF HOUSTON SYSTEM