

TALENT RELEASE FORM

Video/Photo/Audio Consent Form

I, the undersigned, do hereby consent to the use by the University of Illinois at Urbana-Champaign of my image, voice, or both described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of either the university or its Foundation.

I warrant that I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by either the university or the Foundation. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on my, my heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Description of video, photograph, or audio recording: _____

Printed name of talent:

Age of talent.

Address of talent:

Signature of talent:

Date:

Name and address of photographer/videographer:

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