

## Student or Third Party Photographer/Videographer Authorization and Release

I,[name of photographer/videographer] agree that my photo/video	o can be
used for [identify specific purpose, if app	
and for any related ASU purposes, including illustration, promotion, art, editorial, and advertising, without res	triction
in ASU publications and/or be posted on ASU websites and social media accounts and platforms.	
I give my permission to the Arizona Board of Regents, for and on behalf of ASU, its employees, agents and	
representatives to display, use, reuse, publish, and republish all or any part of the photo/video for any lawful p	purpose
and to be able to alter the same without restriction. ASU will not owe any residual, royalty, payment or fee to	anyone
in connection with the above use. ASU will identify you as the contributor of the photo/video.	
I confirm that I am the owner of the photo/video and represent and warrant that I own all rights, title and inter the photo/video and that it does not infringe upon the copyrights, trademarks, rights of privacy, publicity or or intellectual property or other legal or moral rights of any third person or entity. I hereby release, indemnify, de and hold harmless ASU from any liability whatsoever, and waive any and all causes of action on account of swhether brought under a theory of contract, tort (including negligence), warranty or other theory.	ther fend,
I represent that I have received the requisite consents from the subject(s) of the photo/video if they are of a pother than myself. If I am, or the subject depicted in the photo/video is, under 18, I have either received the confrom the minor's parent or legal guardian or will provide my parent or legal guardian's consent.	
Printed name of photographer/videographer:	
Address or email:	
Phone number:	
Signature: Date:	
If the subject or author of the photo/video is a minor (under 18):	
I, [ <i>printed name</i> ] am the parent/legal guardian of	
[printed name of photo/video subject] and have read this authorize	ation
and release and approve of and agree to its terms on behalf of his or her by my signature below.	
Parent/Guardian Print Name:	
Address or email:	
Phone number:	
Signature: Date:	