



Authorization and Release

Activity: _____

Date(s) of Activity: _____

For good and valuable consideration, the sufficiency of which is acknowledged, I agree as follows:

- I authorize Santa Clara University, its affiliates, representatives, and assigns, and those acting with the University's authority and permission (the "University") to record my name, image, likeness, or voice in connection with the Activity identified above. This authorization extends to video recordings, audio recordings, photographs, and recordings in any other media now known or later created (the "Images").
- I hereby grant to the University the unrestricted and irrevocable right and permission to create, use, re-use, publish, and re-publish the Images, as well as my testimonials, quotes, comments, or biography, on the University's website, social media outlets, or any publication, materials, or communications (whether print, digital, or any other format) for publicity, promotion, advertising, fundraising, administrative, academic, educational, or other purpose that serves the mission of the University. I waive any right to review or approve the Images before use.
- I acknowledge and agree that the University owns all right, title, and interest in and to the Images, including all copyrights therein and has the full and unrestricted right to edit and modify the Images. I acknowledge and agree that the University has the sole and complete discretion to decide whether or not to use the Images.
- I release the University from liability from any and all claims arising out of or relating to the University's creation or use of the Images. I enter into this Authorization and Release ("Release") voluntarily and have read and fully understand its terms. This Release is binding on my heirs, representatives, and assigns.

Name (Printed): _____ Date: _____

Signature: _____

Email: _____ Cell: _____

For Individuals Under Age 18:

I hereby certify that I am the adult parent or legal guardian of _____, a minor under the age of 18 years, and I agree to this Release on their behalf.

Name (Printed): _____ Date: _____

Signature: _____

Email: _____ Cell: _____