

THE UNIVERSITY OF GEORGIA
CONSENT & RELEASE FORM

Photo File #: _____

I hereby grant the University of Georgia the following irrevocable rights:

1. The right to use my name, photograph, picture, portrait and likeness (hereinafter collectively known as "image") in connection with its educational and promotional materials or for any other legitimate purpose;
2. The right to create composite or computer-manipulated materials from my image;
3. The right to use, reproduce, publish, exhibit, distribute and transmit my image individually or in conjunction with other images or printed matter in any and all media, including, but not limited to, print material, television, film, internet and CD-ROM;
4. The right to copyright my image; and
5. The right to assign the above rights to third parties.

I hereby waive the right to inspect or approve my image or any finished materials that incorporates my image. I understand and agree that my image will become part of the University of Georgia's photograph file and that it may be distributed to other organizations or individuals for use in the publications. I also understand that I will receive no compensation in connection with the use of my image.

I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have caused by or arising from the use of my image, including all claims for libel and invasion of privacy.

I understand that the acceptance of this Consent and Release Form by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents and employees.

I certify that I am at least 18 years of age and that I have read and understood the above.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

ADDRESS: _____

PHONE: _____

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