

EVENT: _____
NAME: _____ ADDRESS: _____
PHONE: _____ E-MAIL: _____
UTSA STATUS: Faculty Staff Student Visitor

GENERAL RELEASE - RECORDING

I, _____, hereby grant The University of Texas at San Antonio ("UTSA") the absolute and irrevocable right and permission, to record my image, likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium ("Recording") in which I may be included with others, to copyright for same; to use, reuse, alter, edit and publish the same in whole or in part in any and all media including but not limited to use on the world wide web, now or hereafter, and for any purpose whatsoever that UTSA deems appropriate including but not limited to, exhibition, education, illustration, promotion, art, advertising and trade, and if appropriate, to use my name and pertinent education and/or biographical facts as UTSA chooses.

I hereby release and discharge UTSA, its governing board, officers, representatives, employees and agents from any and all claims and demands for compensation arising out of or in connection with the use of the Recording.

I hereby release and discharge UTSA, its governing board, officers, representatives, employees and agents from any and all claims and demands arising out of or in connection with the use of the Recording, including without limitation any and all claims for libel or invasion of privacy.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

Signed: _____ Date: _____

(Optional)

UTSA values diversity and inclusion. Please help us use your image in the best way possible by marking the groups you identify with and wish to represent:

- Hispanic Latino Asian/Pacific Islander Native American African American
 Black (not African American) White LGBTQ+ Disabled Veteran
 Military First-Gen International Student
 Undergraduate Graduate Student Major _____

Other(s) _____

IF UNDER 18 YEARS OLD:

MINOR'S NAME: _____

I am the Parent/Guardian of the above named minor who is under eighteen years of age and am fully competent to sign this release..

I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

Has my permission Does not have my permission

Signed by Parent or Guardian: _____ Date: _____

Printed Name: _____