



## Photographic and Media Release/Consent Form

I hereby authorize Incarnate Word High School/St. Anthony's Catholic High School, and those acting pursuant to its authority, along with all Brainpower Connection affiliates (University of the Incarnate Word, Incarnate Word High School, St. Anthony's Catholic High School, St. Anthony's Elementary School, and St. Peters Prince of the Apostles School) to:

1. Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
2. Use my name and identity in connection with these recordings.
3. Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD ROM, internet) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional and advertising efforts.

I hereby waive any rights, claims, or interests I may have to control the use of my likeness, voice, name, and/or identity in the recordings authorized above. I agree that any uses described herein may be made without compensation or additional consideration to me. I hereby release Incarnate Word High School and the University of the Incarnate Word Brainpower Connection affiliates, along with those acting pursuant to its authority, from liability for violation of any remaining personal or proprietary rights I may have conceivably have in connection with uses of the recordings authorized above. I understand that all such recordings, in whatever medium, shall remain the property of Incarnate Word High School.

By my signature below, I represent that I have read and fully understand the terms of this release **(A parent or guardian must provide a signature for any individual under 18.)**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_