University of Virginia
Permission to Video/Audio Record

Release

I hereby grant the University of Virginia the right and permission to use audio and/or video of me as well as any associated printed or electronic presentation in whole and in part, and permit the use of my name in conjunction with these materials and the reasonable promotion thereof. I acknowledge that these recordings may become part of the University of Virginia academic materials and made available on the World Wide Web.

I understand that the video recorded may either be broadcast by the news media or used by sponsoring and affiliated departments for internal and/or external promotion by the University of Virginia.

I hereby waive any right that I may have to inspect or approve the finished product or any written copy that may be used in connection therewith.

I have read the release, understand it, and intend it to be a binding instrument.

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Address: ________________________________

City: ______________ State: ________ Zip Code: ________

Phone: ________________________________

Signature: ________________________________ Date: ________