

Students Name: _____

GENERAL RELEASE

Student's Name (FIRST & LAST): _____

I am the Parent/Guardian of the above-named student who is under eighteen years of age and am fully competent to sign this release. I hereby grant permission to James Madison University the absolute and irrevocable right and permission, with respect to photographs, videos, and audio recordings taken or made of and/or comments made by the above-named student or in which the student may be included with others; to use, re-use, and publish the same in whole or in part in any and all media including use on the world wide web, now or hereafter, and for any purpose whatever for illustration, promotion, art, recruitment, publication, advertising, and trade, and if appropriate, to use the student's name and pertinent education and/or biographical facts as James Madison University chooses. Use of photographs, videos, comments, and audio recordings is granted without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) and I waive any right to inspect or approve the finished versions incorporating the photograph, video, audio recording, and/or comments including written copy that may be created and appear in connection therewith.

I agree that James Madison University owns the copyright in these photographs, videos, and/or audio recordings and I hereby waive any claims I may have based on any usage of the works derived therefrom. I release and discharge James Madison University and its employees, assigns, licensees, successor in interest, and legal representatives from any and all claims and demands arising out of or in connection with the use of these photographs, videos, audio recordings, and/or comments, including without limitation any and all claims for libel or invasion of privacy. The photographs, videos, audio recordings, and/or comments will not be sold to any other firm or organization.

I am not a minor and have the right to contract in my own name and the name of the above-named student. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives, and assigns.

Signature _____

Date _____

Witness _____

Date _____

***This form is needed in order to use any photos or video taken of your
child while participating in the Valley Scholars Program.**

If you do not wish for your student photos or videos released, please indicate so below.

☐ I do not wish for the release of my child's photos or videos

Signature _____

Date _____

Witness _____

Date _____

