## PUBLICITY RELEASE FORM

I hereby grant full permission to the Auburn University Harrison School of Pharmacy (AUHSOP) and its representatives to use, reproduce, publish, distribute and exhibit my name, picture, portrait, likeness or voice, or any or all of them in or connection to the School and the event/location noted below:

### Event/Location

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

I acknowledge that AUHSOP owns all rights to the images and recordings in any medium, including but not limited to, print media and electronic media (including websites, social media, etc.).

I hereby waive any right to inspect or approve the use of the images or recordings. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

I hereby release, waive, forever discharge, and covenant not to sue AUHSOP, its governing board, officers, agents, employees, and any students acting on behalf of the University from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I hereby acknowledge that this consent, waiver, indemnity, release and covenant not to sue is binding on me, my heirs, executors, administrators and assigns.

I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity, release, and covenant not to sue.

### Signature

__________________________

### Printed Name

__________________________

### Date

__________________________

### Phone Number

__________________________

### Address

__________________________

### City, State, Zip Code

__________________________

I hereby certify that I am the parent and/or guardian of _________________________________, a person under the age of 18 years old, and I consent to the terms of the release set forth above.

### Parent or Guardian Signature

__________________________

### Printed Name and Date

__________________________