PUBLICITY RELEASE

Dear Participant:

You are receiving this release because you may be photographed or recorded as part of a Truman Pierce Institute program. To use the footage in publication, we must receive your approval. Please keep in mind that images and recordings will be used for educational and publication purposes only.

Please sign below and return this form if you agree to allow Truman Pierce Institute, the College of Education, Auburn University and those acting pursuant to its authority to publish photograph(s) or recording(s) in which you participated.

I do hereby authorize TPI, the College of Education, Auburn University and those acting pursuant to its authority to:

a) Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.

b) Use my name, likeness, voice and biographical material in connection with these recordings.

c) Exhibit or distribute such recording in print or electronic media (including website) in whole or in part without restrictions, limitations and/or compensation for any educational, promotional or fundraising purposes which the Truman Pierce Institute, the College of Education and/or Auburn University and those acting pursuant to its authority, deem appropriate.

I further release Truman Pierce Institute, the College of Education, Auburn University and those acting under its authority from any and all claims of compensation, damage for libel, slander, invasion of the right of privacy or any other claims based on, arising out of, or connected with the use of said photographs and other mediums.

If you are under the age of 19, you AND a parent or legal guardian are required to sign this release:

Participant Name: ____________________________
Participant Signature: ____________________________ Date: __________

Parent/Guardian Name: ____________________________
Parent/Guardian Signature: ____________________________ Date: __________

Contact Information

Phone Number: ____________________________
Address: ____________________________

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