



PHOTO AND MEDIA RELEASE

Yes, I _____ of _____

Name of Parent and/or Legal Guardian

Name of Participant

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I understand and agree that my/my child's image, likeness or recording will become part of the University of North Georgia's photograph and/or recording file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image, likeness or recording or any finished material that incorporates such. I further release, discharge, and agree to waive the University of North Georgia and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said images, likenesses and images and with the use thereof. I further acknowledge and agree that the University of North Georgia and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

____No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating. Parent/Guardian Name:

Parent/Guardian Signature: _____ Date: _____

If you need this document in another format, please contact the UNG ADA Coordinator at ada@ung.edu.