

**Image Release**

1. I authorize Texas A&M University-Texarkana and its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, voice, and likeness. I understand that Texas A&M University-Texarkana will own these recordings.
2. I irrevocably authorize Texas A&M University-Texarkana and its agents to use, display, publish, and distribute these recordings for any purpose on websites, publications, broadcasts, displays, and any other medium, and to offer these recordings to others for use in non-university mediums.
3. I waive any right to inspect or approve these recordings or material that may be used with them now or in the future, whether that use is known to me or not.
4. I release Texas A&M University-Texarkana, the Texas A&M University System, its regents, employees, and agents from all liability arising out of the use of these recordings, including but not limited to any claims arising out of my right of privacy or right of publicity and any claims based on any distortions, optical illusions, or faculty mechanical reproductions.
5. I understand that I will not be compensated for any use of these recordings.
6. I understand that this is a legal document and represent that I have read it and understand it and am signing it voluntarily.

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Signature Date

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Printed Name Cell Phone

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Email Address Expected Graduation Date

(If Applicable)

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Permanent Address

**If under age 18, a parent or guardian must complete the following:**

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Parent/Guardian Signature Date

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Parent/Guardian Printed Name Relationship

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Parent/Guardian Address