



# VCU

## Model release | Permission to record

**Date:** \_\_\_\_\_

**Photographer/videographer:** \_\_\_\_\_

**For:** VCU and VCU Medical Center promotion

**Project/news story:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**If model is a minor,  
name of parent/legal guardian:**

I hereby give permission to record my image and/or voice and grant Virginia Commonwealth University and the VCU Health System perpetual and irrevocable rights to these sound, still or moving images in any medium — including, but not limited to, publications, video projects, websites and other media — for educational, promotional, advertising or any other purposes that, in the sole discretion of VCU and/or the VCU Health System, support the mission of the university.

I understand that signing this release does not guarantee publication, and I hereby waive the right to inspect or approve my image and/or voice recording. I also understand and agree that I will not receive compensation, now or in the future, in connection with the use of my image and I waive any claim or entitlement to any such compensation.

I hereby release VCU and the VCU Health System from any and all liability and responsibility for incidents arising from the use of the image or audio recording, including, but not limited to, all claims for libel and invasion of privacy.

**Signature of consentor:** \_\_\_\_\_

**If model is a minor,  
signature of parent/legal guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### Additional student information

**Class of:** \_\_\_\_\_ **Major/program:** \_\_\_\_\_

**Yes, contact me for other shoots.**

**Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_