## IU THEATRE + DANCE PHOTO, VIDEO, AND AUDIO CONSENT AND RELEASE FORM

I, a student of the Indiana University Department of Theatre, Drama, and Contemporary Dance (IUTD Student), authorize The Trustees of Indiana University ("IU"), acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, at any and all IU Theatre + Dance events and external excursions, including my name, my image, my likeness, my performance, and/or my voice ("Recordings"). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings in the Recordings.

I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or IU's future use of the Recordings.

## I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it.

I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has also signed below.

Participant's Signature		Date	/	/
Participant's Printed Name				
Address				
City	State	Zip		
Phone	Email			
If Participant is under 18 years old, th	en his/her parent or g	guardian mu	st sign	below.
Parent/Guardian's Signature				
Parent/Guardian's Printed Name				