

## PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize The Ohio State University (University), and those acting pursuant to its authority, including Counseling and Consultation Service (CCS) to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings without further consideration for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release the University and those acting pursuant to its authority, including CCS, from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I further understand that consent is not required of recordings of my likeness and voice solely in my role as a member of the public. I have read and fully understand the terms of this release.

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

Address: \_\_\_\_\_  
Street

City State Zip

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_