



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

CONSENT RELEASE FORM

I, (print name) _____, hereby give my consent for photographing, filming, audio/videotaping, and/or direct transmission of television signals of my image and voice, and release to the University of Tennessee all rights of any kind to the materials in which I appear. This is a full release of all claims whatsoever I or my heirs, executors, administrators or assigns now or hereafter have against the University of Tennessee, or its employees, as regards to any use that may be made by them of said photographic reproductions, films, audio/videotape, or direct transmission of television signals.

Further, I acknowledge that my name and biographical material, portrait, picture, likeness, or voice may be used for purposes consistent with the University of Tennessee's mission of teaching, research and service, including the promotion and publicizing of the materials in which my image/voice appear. Such uses as may be made will not constitute a direct endorsement by me of any product or service.

I have read this entire document, understand the contents, and I have willingly agreed to the above conditions.

Date: _____

Name (print): _____

Address: _____

Signature: _____

Name of Parent/Guardian (if under 18): _____

Signature of Parent/Guardian (if under 18): _____

Office of Communications & Marketing
91 Communications Building, Knoxville, TN 37996-0315
865-974-0765 865-974-4811 fax communications.utk.edu

BIG ORANGE. BIG IDEAS.

Flagship Campus of the University of Tennessee System 