

Adult Release Form (for students 18 or older)

I authorize The University of Akron to record my name, voice and likeness on videotapes, audiotapes, photographs, CDs, DVDs, video clips and/or web-based materials (media) at The University of Akron's discretion. In addition, I give The University of Akron permission to view, use, and edit such media. I waive all rights to inspect and/or approve the media and any copy that The University of Akron may use in conjunction with the media and the uses to which they may be applied.

I understand that The University of Akron may use the media, in whole, in part, or in composite for educational, research, or promotional purposes, or for any other uses The University of Akron deems fit.

I understand that The University of Akron owns all rights to the aforementioned media. I waive all rights in the media and release The University of Akron from any loss, damage, and/or liability arising out of my appearance on such media.

Signature	Date
Print Name	E-mail address