

CONSENT RELEASE FORM

I, (print name)	_ hereby give my consent
for photographing, filming, audio/videotaping, and/or transi	mission via
broadcast/cable television of my image and voice, and relea	ase to The University of
Tennessee all rights of any kind to the materials in which I ap	opear. This is a full release
of all claims whatsoever I or my heirs, executors, administrat	tors or assigns now or
hereafter have against The University of Tennessee, or its en	nployees, as regards to
any use that may be made by them of said photographic rep	oroductions, films,
audio/videotape, social media and/or web, or transmission v	via broadcast/cable
television.	
Further, I acknowledge that my name and biographical ma	terial, portrait, picture,
likeness, or voice may be used for purposes consistent with	The University of
Tennessee's mission of teaching, research and service, include	ding the promotion and
publicizing of the materials in which my image/voice appear	r. 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:	
Signature of Parent/Guardian (if under 18):	