Media Release Form

I, _________________________________ (print name), give University of the Pacific permission to record my image and/or voice and grant all rights to use these sound, still, or moving images for school documentation purposes, which will be used for media purposes. I agree to release and hold exempt University of the Pacific from and against any claims, damages or liability arising from or related to the use of the photographs/video. I agree that all rights to the sound, still, or moving images belong to the University of the Pacific.

I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Signature _________________________________ Date ___________________

Title/Dept. _________________________________ Phone ___________________

If under the age of 18...

Name of Parent/Guardian _________________________________

Parent/Guardian Signature _________________________________ Date ______________

Phone _____________________