

**Photograph, Audio, Video & Quotation Release Form**

I, \_\_\_\_\_, as the parent/guardian of \_\_\_\_\_ hereby grant permission and the rights to use my son/daughter's image, likeness and sound of his/her voice, and any specific quotes, as recorded on audio, video or camera, either digitally or on tape/film ("Material") to University of the Pacific, without payment or any other consideration. I understand that the Material may be edited, copied, exhibited, published or distributed and I waive the right to inspect or approve the finished product wherein the Material appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Material. I also understand that this Material may be used in diverse settings within an unrestricted geographic area.

The photographic, audio or video recordings may be used for educational, promotional, marketing, sales, or informational purposes in the following formats:

- print materials
- social media
- videos
- presentations
- websites
- webinars
- online courses
- emails
- conventions/conferences

By signing this release I understand this permission signifies that reproduced statements, photographic, audio or video recordings of my son/daughter may be electronically displayed via the Internet or in any public setting. I further understand that I will be consulted about the use of the photographs, audio or video recording for any purpose other than those listed above and that these rights in no way restrict publication of the Material in any other form by me or others authorized by me.

There is no time limit on the validity of this release nor is there any geographic limitation on where the Material may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this Material.

I am 18 years of age or older, and I understand that I am legally bound by this release which is governed by the laws of the State of California.

I have read and fully understand the terms of this release.

Participant Names:

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(over)

**Office of Marketing  
and Communications**  
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Stockton, CA 95211  
Tel 209.946.2311  
Pacific.edu

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

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

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