

## Publicity Release

I authorize The University of Akron to broadcast my appearance and/or voice and to record my picture and/or voice (on photographs, film and/or tape), to edit these recordings at its discretion, to incorporate these recordings into a broadcast medium, to use such recordings for publicity and advertising, and to use my name, photograph, likeness, voice, biographic and other information concerning me in connection thereto. I know that The University of Akron owns all rights to the aforementioned recordings, photographs, and biographical materials.

I release The University of Akron from any loss, damage and liability arising out of my appearance on photographs, film, printed materials and/or tape.

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Print name

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Signature

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Date

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(Area Code)

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Telephone Number

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Address

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Signature of Parent or Guardian if Subject is a Minor

