

Appendix I: Permission Forms



AUTHORIZATION AND RELEASE FORM

Date: _____

In consideration for my participation in the event described as:

I hereby agree and authorize that Iowa State University, the Board of Regents, State of Iowa and their officers, servants, agents, or employees (hereinafter referred to as RELEASEES) may, without any restriction, use, reuse, publish and republish:

This authorization is provided whether my image or voice is used individually or in conjunction with other photographs or recordings from the event or other events, in any manner or form, in any medium (whether now known or developed in the future), and at any time or place desired by the RELEASEES.

Further, I hereby agree to:

1. RELEASE AND DISCHARGE the RELEASEES from any liability or claim that arises out of, or is related to, any use or alteration that may occur in the distribution, marketing and/or editing of the event or use of my image.
2. INDEMNIFY AND HOLD HARMLESS the RELEASEES from any liability or claim arising out of, or related to, the use or dissemination my image, or anything I may have done, said or communicated during the event described above.

I agree that I am to receive no further consideration other than that already received for any further or future uses by the RELEASEES. I intend for this agreement to be binding on my heirs, successors, and assigns. This agreement represents the entire agreement between the RELEASEES and me regarding the matters herein agreed and should be governed under the law of the State of Iowa.

BY SIGNING THIS AUTHORIZATION AND RELEASE AGREEMENT, I STATE THAT I HAVE READ AND UNDERSTAND ITS CONDITIONS AND THAT I AM SIGNING IT VOLUNTARILY.

PARTICIPANT: Signature: _____
 Name: _____
 Address: _____

 Phone: _____

Parent or Guardian Signature: _____
(if participant is not 18 years of age)

IOWA STATE UNIVERSITY REPRESENTATIVE:
 Signature: _____
 Name: _____
 Title: _____
 Phone: _____

ISUComm is an approach to university communication instruction that is contemporary in its attention to new information technology and comprehensive in addressing the many forms of communication practice. Our goal is to prepare Iowa State graduates to communicate with confidence, integrity, and expertise in the varied contexts of their academic, professional, and civic lives.

Photograph-Image-Video-Audio Release Form

*Please read this consent form and ask any questions that occur as you read.
Permission is voluntary and there is no penalty for declining.*



ISUComm is an approach to university communication instruction that emphasizes the integration of written, oral, visual, and electronic communication. Its goal is to prepare Iowa State graduates to communicate with confidence, integrity, and expertise in their academic, professional, and civic lives.

I understand that **ISUComm** routinely uses images in brochures, manuals, announcements and posters and that it uses audio and video on its website.

Regarding my participation in:

English _____ meeting from _____ to _____ on the following dates: _____

I agree and authorize Iowa State University and the **ISUComm** program, without any restriction or consideration, to use, reuse, publish and republish:

my photograph, image or likeness, and/or spoken words

whether my image or voice is used alone or with other photographs or recordings from the event or other events, in any form or medium.

Please sign and date this form to indicate that you understand the purpose of the request, that you have been given an opportunity to ask questions, and that you agree voluntarily to the use of your image or voice recorded during classroom activities.

PARTICIPANT:

Signature: _____

Name: _____

Address: _____

Phone: _____

Parent or Guardian Signature: _____
(if participant is not 18 years of age)

IOWA STATE UNIVERSITY REPRESENTATIVE:

Signature: _____

Name: _____

Title: _____

Phone: _____