



# VCU Office of Continuing and Professional Education

## Model release | Permission to record

**Date:** \_\_\_\_\_

**Photographer/videographer:** \_\_\_\_\_

**For:** VCU and/or VCU Office of Continuing and Professional Education promotion

**Project/news story:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**If model is a minor,  
name of parent/legal guardian:**

I hereby give permission to record my image and/or voice and grant Virginia Commonwealth University and the VCU Office of Continuing and Professional Education perpetual and irrevocable rights to these sound, still or moving images in any medium — including, but not limited to, publications, video projects, websites, social media, and other media — for educational, promotional, advertising or any other purposes that, in the sole discretion of VCU and/or the VCU Office of Continuing and Professional Education, support the mission of the university and our office.

I understand that signing this release does not guarantee publication, and I hereby waive the right to inspect or approve my image and/or voice recording. I also understand and agree that I will not receive compensation, now or in the future, in connection with the use of my image and I waive any claim or entitlement to any such compensation.

I hereby release VCU and the VCU Office of Continuing and Professional Education from any and all liability and responsibility for incidents arising from the use of the image or audio recording, including, but not limited to, all claims for libel and invasion of privacy.

**Signature of consentor:** \_\_\_\_\_

**If model is a minor,  
signature of parent/legal guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### Additional student information

**Course/program:** \_\_\_\_\_

**Yes**, contact me for a testimonial or other photo/video opportunities.

**Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_