I hereby consent to the use, reproduction, editing and/or broadcast by Texas Woman’s University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Texas Woman’s University, from this day, without compensation to me. All negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Texas Woman’s University solely and completely.

_________________________________________________________________
NAME (PLEASE PRINT CLEARLY)
_________________________________________________   ______________
SIGNATURE                                      DATE

_________________________________________________________________
NAME (PLEASE PRINT CLEARLY)
_________________________________________________   ______________
SIGNATURE                                      DATE

_________________________________________________________________
NAME (PLEASE PRINT CLEARLY)
_________________________________________________   ______________
SIGNATURE                                      DATE

*THIS RELEASE CAN BE USED FOR 1-3 PERSONS.
I hereby consent to the use, reproduction, editing and/or broadcast by Texas Woman’s University of any and all photographs, video recordings and audio recordings taken of my child, ________________________, by or on behalf of Texas Woman’s University, from this day, without compensation to me or to my child. All negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Texas Woman’s University solely and completely.

_________________________________________________
NAME OF LEGAL GUARDIAN OR PARENT (PLEASE PRINT CLEARLY)

_________________________________________________   ______________
SIGNATURE OF LEGAL GUARDIAN OR PARENT DATE

_________________________________________________
PHONE NUMBER AND/OR E-MAIL ADDRESS (OPTIONAL)

ACTA DE CESION

Por este documento en el uso, la reproducción y la emisión por Texas Woman’s University y de cualquier video grabaciones o audio-grabaciones tomadas de mi hijo/a, ________________________, a beneficio de Texas Woman’s University, de hoy en día, sin recompensas para mi hijo/a. Todos los negativos, positivos, impresos de imágenes audio-grabadas y video-grabadas les pertenecerá n unica y completamente a Texas Woman’s University.

_________________________________________________
NOMBRE DE PADRE OR GUARDIAN LEGAL

_________________________________________________   ______________
FIRMA DE PADRE OR GUARDIAN LEGAL FECHA
Texas Woman’s University Photo Release for Large Groups
I hereby consent to the use, reproduction, editing and/or broadcast by Texas Woman’s University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Texas Woman’s University, from this day, without compensation to me. All negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Texas Woman’s University solely and completely.

Date: ____/ ____ / ____  Location: _____________________________________________________

Publication: ________________________________  Photographer: _____________________________

<table>
<thead>
<tr>
<th>NAME (Please PRINT)</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>NAME (Please PRINT)</td>
<td>SIGNATURE</td>
</tr>
</tbody>
</table>

I hereby consent to the use, reproduction, editing and/or broadcast by Texas Woman’s University of any and all photographs, video recordings and audio recordings of me and/or my minor child taken by or on behalf of Texas Woman’s University, from this day, without compensation to me. All negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Texas Woman’s University solely and completely.

_______________________________   __________________________________
NAME (PLEASE PRINT CLEARLY YOUR NAME - AND YOUR MINOR CHILD’S NAME, IF APPLICABLE, HERE)

SIGNATURE FOR SELF (AND/OR MINOR CHILD) DATE

DESCRIPTION (HAIR, EYE COLOR, EYEGLASSES, SHIRT COLOR, ETC. THIS DESCRIPTION WILL BE USED TO HELP ENSURE THAT WE CAN ACCURATELY IDENTIFY YOU IN THE PHOTO TAKEN)

_______________________________   __________________________________
NAME (PLEASE PRINT CLEARLY YOUR NAME - AND YOUR MINOR CHILD’S NAME, IF APPLICABLE, HERE)

SIGNATURE FOR SELF (AND/OR MINOR CHILD) DATE

DESCRIPTION (HAIR, EYE COLOR, EYEGLASSES, SHIRT COLOR, ETC. THIS DESCRIPTION WILL BE USED TO HELP ENSURE THAT WE CAN ACCURATELY IDENTIFY YOU IN THE PHOTO TAKEN)

_______________________________   __________________________________
NAME (PLEASE PRINT CLEARLY YOUR NAME - AND YOUR MINOR CHILD’S NAME, IF APPLICABLE, HERE)

SIGNATURE FOR SELF (AND/OR MINOR CHILD) DATE

DESCRIPTION (HAIR, EYE COLOR, EYEGLASSES, SHIRT COLOR, ETC. THIS DESCRIPTION WILL BE USED TO HELP ENSURE THAT WE CAN ACCURATELY IDENTIFY YOU IN THE PHOTO TAKEN)