

**The Board of Trustees of Illinois State University
STUDENT PERFORMER
BROADCAST / RECORDING RELEASE AND LICENSE**

Date _____

By signing below, I ("Student") hereby authorize Board of Trustees of Illinois State University, its affiliates, successors and assigns and any person acting under its permission and authority to videotape, photograph, record or otherwise capture my voice and likeness in connection with the Events listed below.

Events: All Illinois State University concerts in which I participate during the 2018-2019 school year.

Student hereby authorizes and grants to ISU the right to take photographs, recordings, or videos at any of the Events, to use the student's name as may be needed for the announcement, promotion and identification of any Events and/or Recordings and authorize the broadcast/cablecast/webcast and/or distribution, reproduction, sale, or production of said photographs or electronic recording without limitation, for any purpose through any and all media, including but not limited to webcasts and broadcasts.

Student agrees to release, acquit, and forever discharge the Board of Trustees of Illinois State University, its officers, employees, agents and assigns, from any and all demands, causes of action and/or judgments of whatsoever nature or character, past or future, known or unknown, whether in contract or in tort, whether for personal injuries, property damage, payments, fees, expenses, accounts receivable, credits, refunds, or any other monies due or to become due, or damages of any kind or nature, and whether arising from common law or statute, arising out of, in any way, the use of my image in any such photograph(s) and/or electronic recording(s).

By signing below where a Student Signature is indicated, Student represents that he or she is over the age of 18 and has read and fully understands this Performer Authorization and Release, unless Student's parent or guardian has executed in the space designated below for Parent or Guardian Signature. By signing below parent or guardian represents that he or she has read and understands the Performer Authorization and Release and has legal authority to sign this document on behalf of Student.

I understand that if I wish to revoke my consent with respect to any of the Events, I will do so by notifying Dr. Parsons via e-mail at sbpars@ilstu.edu.

SIGNED BY:

SIGNED BY:

(Student)

(Parent and/or Legal Guardian, if student under 18)

Print name: _____

Print name: _____