XAVIER UNIVERSITY
VIDEO, AUDIO, PHOTOGRAPHY RELEASE

For use by Client/Tenant or other external party, if Client/Tenant
intends to photograph or video while on Xavier University's campus.

To be signed by an individual captured in a photo, and
grants permission to non-Xavier photographer/recorder.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, [print name]__________________________, hereby give __________________________ (hereinafter, the “Recorder”) the absolute right and permission, with respect to the video, audio or photographs (collectively, the “Recordings”) taken of me or in which I may be included with others to use, re-use, alter, sell, publish, or re-publish the same, in whole or in part, separately or in conjunction with other recordings, in any medium and for any purpose whatsoever, including, but not limited to, illustration, promotion, and advertising.

I hereby release and discharge the Recorder and any and all other parties acting under right, title, assignment, grant, or license from the Recorder from any and all claims, including negligence, and demands arising out of or in connection with the use of the Recordings, including, but not limited to, any claims for libel, defamation, invasion of privacy, or breach of publicity or other property rights. I hereby waive any right of inspection or approval of any of the Recordings. This authorization and release shall inure to the benefit of the Recorder's family members, heirs, executors, administrators, personal representatives, employees, agents, dependents, successors and assigns. This Release shall be binding without restriction as to time or otherwise upon me and my family members, heirs, executors, administrators, personal representatives, dependents, successors and assigns.

I acknowledge that Recorder is not an authorized agent, representative or affiliate of Xavier University and that Xavier University does not have any control over the Recorder or over the use of the Recordings.

I have read and fully understand the contents of this Release.

_____________________________  __________________________
Signature                     Date

If under the age of 18:

_____________________________  __________________________
Signature of Parent of Guardian  Date