

## Seton Hall University Media Release Form

I give permission to Seton Hall University to use any photographs, videos, and/or other recordings of my son/daughter's image or voice, as well as his/her name and any quotes or information taken from such recordings (all of which shall be referred to as a "recording") that are made while he/she is participating or otherwise connected to any programs, activities, or camps at Seton Hall University.

Seton Hall University shall have unlimited rights to use any recording for purposes related to the University.

I hereby release Seton Hall University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I and/or my son/daughter may have and from any other claims and demands arising out of or in connection with any recordings and/or their use by the University. I understand that all such recordings, in whatever medium, shall remain the property of Seton Hall University.

***I have read and fully understand the terms of this release.***

Print Name of Participant:

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Name of Program:

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Print Name of Parent or Guardian:

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Signature of Parent or Guardian:

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Date: 

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