

**THE UNIVERSITY OF GEORGIA**  
MINOR CHILD CONSENT & RELEASE FORM

Photo File #: \_\_\_\_\_

I certify that I am the parent or legal guardian of \_\_\_\_\_.

I hereby grant the University of Georgia the following irrevocable right:

1. The right to use my child's name, photograph, picture, portrait and likeness (hereinafter collectively known as "image") in connection with its educational and promotional materials or for any other legitimate purpose;
2. The right to create composite or computer-manipulated materials from my child's image;
3. The right to use, reproduce, publish, exhibit, distribute and transmit the image individually or in conjunction with other images or printed matter in any and all media, including, but not limited to, print material, television, film, internet and CD-ROM;
4. The right to copyright my child's image; and
5. The right to assign the above rights to third parties.

I hereby waive the right to inspect or approve my child's image or any finished materials that incorporates my child's image. I understand and agree that my child's image will become part of the University of Georgia's photograph file and that it may be distributed to other organizations or individuals for use in their publications. I also understand that neither I nor my child will receive compensation in connection with the use of my child's image.

I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, caused by or arising from the use of my child's image, including all claims for libel and invasion of privacy.

I understand that the acceptance of this Consent and Release Form by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents and employees.

I certify that I am at least 18 years of age and that I have read and understood the above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

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