



## KU-TV Release Form for Minors

The parent/guardian whose signature appears below agrees to allow photograph(s)/video of his or her child(ren) named below to be taken and used for possible broadcast by Kutztown University.

The parent/guardian further hereby releases Kutztown University, its designates and assignees from any and all claims for damages, libel, slander, invasion of the right of privacy or any other claim based on the use of said material.

I, \_\_\_\_\_ hereby grant my full and irrevocable consent to the use and possible cablecast and/or broadcast by Kutztown University, its designates and assignees for educational purposes including advertising and publicity, of any and all portions of the videotape in which \_\_\_\_\_ appears.  
(Name of child)

I also assign Kutztown University, its designates or assignees, all my rights, title and interest in and to all videotape productions taken of my child by said University or in its behalf by any other person.

I do hereby certify that I am the parent/guardian and that there is no prior contractual agreement which might interfere with this consent.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

\_\_\_\_\_  
Program Title