## Photo Image Release

I authorize Lincoln University to record and photograph my image and/or voice, or that of my child, for use by Lincoln University or its assignees in research, educational, and promotional programs.

I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees in perpetuity.

Subject’s name (adult or youth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

*If subject is a minor, the signature must be of parent or guardian*

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

*Needed only if the subject is a minor.*

*Last updated 6/20/18*