



## **Video Tape Recording and Photograph Authorization, Release and Indemnification**

Subject: \_\_\_\_\_

I hereby grant West Chester University (WCU) and their legal representatives' permission to use video tape recordings and/or photographs of me in connection with the subject production which has been deemed for educational purposes, in any manner or form for any lawful purpose at any time. I also grant WCU permission to use, at no charge, video tape recordings and/or photographs. I also waive any right that I may have to inspect or approve the finished product or the written copy that may be used in conjunction therewith, or the use to which it may be applied.

I release and discharge WCU from any liability to me by virtue of alteration that may occur in the making or editing of said video tape recording and/or photographs.

I agree to indemnify and hold harmless WCU, the State of Pennsylvania, and the WCU Board of Trustees, arising from any events that may occur or circumstances that arise in the making of said video tape recordings and/or photographs.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. I have read this Video Tape Recording and Photograph Authorization, Release and Indemnification Form and understand all its terms.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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

*Permission to adapt the Policy and Procedures for the Protection of Human Subjects in Research & Related Activities was obtained from Ms. Donna Stremke, Office of Research and Sponsored Programs, Florida Gulf Coast University on February 2, 2008.*

**Approved April 23, 2009**