



READING RECOVERY

TEXAS WOMAN'S UNIVERSITY

Reading Recovery Center | P.O. Box 425769 | Denton, TX 76204-5769 | 940-898-2441 | www.twu.edu/reading-recovery/

VIDEO/ PHOTO RELEASE FORM FOR MINORS

I hereby consent to the use, reproduction, editing and/or broadcast by Texas Woman's University of any and all photographs, video recordings and audio recordings taken of my child, _____, by or on behalf of Texas Woman's University, from this day, without compensation to me or to my child. All negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Texas Woman's University solely and completely.

NAME OF LEGAL GUARDIAN OR PARENT (PLEASE PRINT CLEARLY)

SIGNATURE OF LEGAL GUARDIAN OR PARENT

DATE

PHONE NUMBER AND/OR E-MAIL ADDRESS (OPTIONAL)

ACTA DE CESION

Por este documento en el uso, la reproducción y la emisión por Texas Woman's University y de cualquier video grabaciones o audio-grabaciones tomadas de mi hijo/a, _____, a beneficio de Texas Woman's University, de hoy en día, sin recompensas para mi higo/a. Todos los negativos, positivos, impresos de imágenes audio-grabadas y video-grabadas les pertenecerá n unica y completamente a Texas Woman's University.

NOMBRE DE PADRE OR GUARDIAN LEGAL

FIRMA DE PADRE OR GUARDIAN LEGAL

FECHA



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VIDEO/PHOTO RELEASE FORM FOR PARENT AND CHILD/REN

I hereby consent to the use, reproduction, editing and/or broadcast by Texas Woman's University of any and all photographs, video recordings and audio recordings of me and/or my minor child taken by or on behalf of Texas Woman's University, from this day, without compensation to me. All negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Texas Woman's University solely and completely.

NAME (PLEASE PRINT CLEARLY YOUR NAME

AND YOUR MINOR CHILD'S NAME, IF APPLICABLE, HERE)

SIGNATURE FOR SELF (AND/OR MINOR CHILD)

DATE

DESCRIPTION (HAIR, EYE COLOR, EYEGLASSES, SHIRT COLOR, ETC. THIS DESCRIPTION WILL BE USED TO HELP ENSURE THAT WE CAN ACCURATELY IDENTIFY YOU IN THE PHOTO TAKEN)

NAME (PLEASE PRINT CLEARLY YOUR NAME

AND YOUR MINOR CHILD'S NAME, IF APPLICABLE, HERE)

SIGNATURE FOR SELF (AND/OR MINOR CHILD)

DATE

DESCRIPTION (HAIR, EYE COLOR, EYEGLASSES, SHIRT COLOR, ETC. THIS DESCRIPTION WILL BE USED TO HELP ENSURE THAT WE CAN ACCURATELY IDENTIFY YOU IN THE PHOTO TAKEN)

NAME (PLEASE PRINT CLEARLY YOUR NAME

AND YOUR MINOR CHILD'S NAME, IF APPLICABLE, HERE)

SIGNATURE FOR SELF (AND/OR MINOR CHILD)

DATE

DESCRIPTION (HAIR, EYE COLOR, EYEGLASSES, SHIRT COLOR, ETC. THIS DESCRIPTION WILL BE USED



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VIDEO/ PHOTO RELEASE FORM*

MAY BE USED FOR 1-3 ADULTS*

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NAME (PLEASE PRINT CLEARLY)

SIGNATURE

DATE

NAME (PLEASE PRINT CLEARLY)

SIGNATURE

DATE

NAME (PLEASE PRINT CLEARLY)

SIGNATURE

DATE