



CONSENT TO PHOTOGRAPH

1050 Union University Drive | Jackson, TN 38305-3697 | 731.661.5211

Please print clearly.

I, _____,
hereby grant and assign to Union University, a non-exclusive, royal-free license to use any and all photographs, video footage, digital images, and audio recordings taken of me or my minor child by or for representatives by Union University. I understand and agree that this material may be used in one or all of the following:

- Radio/Television Broadcasts
- Newspaper/Magazine Articles
- Print Materials/Advertisements

This consent will expire in five (5) years unless I provide an alternate expiration date or event.

Signature _____
(Please sign in black ink)

Address _____

City/State/Zip _____

Phone _____

E-Mail _____