

Description _____
(hair color, shirt color, etc.)

Photo Assignment # _____



AMERICAN
UNIVERSITY

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Likeness Release Form

I _____ hereby authorize American University to
(print clearly)
photograph or film me and consent to the use of my likeness and image in any and all
publications, educational materials, research, marketing, advertising, news media, and
Web materials.

I understand and agree that such materials, including all negatives, positives, digital
images, and prints shall become and remain the sole property of American
University and I shall have no right or title to such items. I agree that the University
does not owe me any compensation for the acts that I have consented to in this
agreement. I further understand and agree that these materials may be kept on file
and used by AU for potential future purposes and further agree to release the
University from any and all liability arising from or in connection with the taking,
use, publication, or dissemination of such materials.

Signature _____ Date _____

Email: _____

AU Affiliation: _____
(if any)
