

(Sample) Artist Media Release Form

My digital signature below will confirm my agreement with The University of Texas and (replace with department or college name), regarding the disposition of video and photographs of me, [your name below], for the University of Texas and/or (replace with department or college name) productions and events.

I understand that photographs, videotaped recordings and live web streaming may be obtained and made available indefinitely for such research, production (e.g., radio, television, film festivals, World Wide Web, exhibitions, related advertisements), development and educational purposes as determined.

I hereby grant, and transfer all rights, title, and interest in the photographs or videotapes and video documentary, including without limitation the literary rights, copyright and derivative rights in any media in The University of Texas at Austin (replace with department or college name).

I attest that I have voluntarily agreed to be photographed or videotaped and that this document contains the entire and complete agreement concerning the use and preservation of the photographs or videotapes.

* Required

First Name: * _____

Last Name: * _____

Your Address: * _____

Your Phone: * _____

Digital Signature

By typing your legal Name/EID and date, you are digitally signing this form.

Your EID: * _____

Type your legal name if you do not have an EID

Today's Date: * _____