LOYOLA UNIVERSITY OF CHICAGO

Student Recording Release Form

STUDENT NAME:	РН	ONE NUMBER:	
ADDRESS:	CITY:	STATE:	_ ZIP:
COURSES:	DATE(S) ENROLLE	ED:	

This Student Media Release Form (this "Release") is to be read and signed by students (or if under the age 18, by the student's parent or legal guardian) of Loyola University of Chicago ("Loyola") who are participating in Online or Blended Courses at Loyola (the "Courses").

I authorize Releases, as defined below, to record my image, likeness, and voice on video tape, audio tape, film, photograph or any other medium and to use such recordings and my name in all mediums and all means of communication now and in the future (the "Recordings").

I waive, release and discharge and agree to hold harmless and indemnify Loyola, its affiliates and subsidiaries and their respective trustees, officers, directors, representatives, administrators, officials, employees, agents, students, volunteers, successors, assigns and any other individuals assisting or involved in the Courses (collectively, "Releasees") from any and all liability, actions, causes of action, suits, claims, damages, costs, fees and expenses whatsoever for any injury, loss, damage, accident or inconvenience or expense, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of the Recordings.

I waive and release Releasees from any claim, action, suit, or damage whatsoever by reason of anything contained in the Recordings or in connection with or arising out of the use, reuse, duplication, distribution, broadcast, publication, republication and marketing of the Recordings, including, but not limited to, any liability for the use of any personal or proprietary right I may have in connection with such use and for any loss of privacy in connection with the Recordings. Additionally, I waive any right to royalties or other compensation arising or related to the use the Recordings.

I understand that the Recordings: (a) will be primarily used as an evaluative resource for the instructor(s) and/or as a study resource for students enrolled in the Courses; (b) may be used by other Loyola students, faculty, and staff; (c) may be used for other educational or commercial purposes; and (d) may be used in diverse settings and that there is no time or geographic limitation on where, how, and when the Recordings may be used.

I understand and acknowledge that this Release will be governed by and construed in accordance with the laws of the State of Illinois. I understand that I may withdraw my permission to participate in the Recordings at any time without any negative consequences by submitting a written statement to Loyola. I understand that withdrawing consent will not affect my standing as a student, nor any publication or work using these Recordings which has already been produced.

I have read and understand this Release, I agree to be bound by this Release and I affirm that I am a participant in the Courses voluntarily of my own free will. I am either: (a) 18 years of age or older; or (b) under 18 years of age and my parent or legal guardian has signed this Release below.

Signature:		
Full Name:	Date:	

I, the undersigned, am the parent or legal guardian of the above student participating in the Courses. I am over the age of 18, have read and understood this Release and am voluntarily of my own free will allowing the student to participate in the Courses and to be recorded in accordance with this release. On behalf of the above student in the Courses, I am assuming all risks associated with the student's participation in the Courses and agree to be bound by this Release.

Signature:	
Full Name:	Date:

Full Name:

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Relationship to Student: