

AUTHORIZATION

I hereby grant permission to Lehigh University (the "University") to videotape, photograph, and/or audiotape my minor child for educational, promotional, or any other purposes in furtherance of the non-profit missions of the University. I voluntarily consent to and authorize the use, publication, public display, editing and reproduction by the University, or anyone authorized by the University, of any and all videotapes, multimedia materials, photographs and/or audiotapes of my minor child for any of the foregoing purposes of the University.

I hereby release the University from any and all claims and demands arising out of or in connection with such videotapes, multimedia materials, photographs and/or audiotapes and I understand that such materials shall constitute the sole property of the University.

I have read and I fully understand this Authorization.

CHILD'S NAME: _____
Please print (Name of minor child – under age 18)

CHILD'S SCHOOL: _____

PARENT SIGNATURE: _____

PARENT: _____
Please print (Name of parent signing above)

DATE: _____