



Photographic Consent and Release Form

The Dual Enrollment Honors Program periodically arranges for photography of special events and programs attended by dual enrollment students, as well as photography of individual students to be featured in KSU publications and promotional materials. The following is the standard photo release required by KSU that will allow us to use your photograph.

I hereby grant Kennesaw State University the following irrevocable rights:

1. The right to use my name, photograph, portrait and likeness (hereinafter collectively known as "image") in connection with its educational and promotional materials or for any other legitimate purpose.
2. The right to create composite or computer-manipulated materials from my image.
3. The right to use, reproduce, publish, exhibit, distribute and transmit my image individually or in conjunction with other images or printed matter in any and all media, including printed material, television, film, CD-ROM, and video.
4. The right to copyright my image.
5. The right to assign the above rights to third party.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the Kennesaw State university photography database and that it might be distributed to other organizations or individuals for use in publications. I also understand that I will receive no compensation in connections with the use of my image.

I hereby release and forever discharge Kennesaw State University, The Board of Regents of the University Systems of Georgia, their members individually of their officers, agents and employees from any and all claims, demands, rights and cause of action of whatever kind that I may have caused by or arising from the use of my image, including all claims for libel and invasion of privacy.

I understand that the acceptance of this Consent and Release Form by Kennesaw State University and the Board of Regents of the University Systems of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents and employees.

I certify that I am 18 years of age and that I have read and understood the above.

Printed Name: _____ Date: _____

Signature: _____

Address: _____

Phone #: _____ Email Address: _____

Parent/Guardian Signature (*required for students under 18*):

_____ Date: _____

Return to:

KSU DEHP Office, 420 Bartow Avenue, MD #2301, Kennesaw, GA 30144