

Release for Use of Audio/Photograph/Video/Testimonial

I hereby authorize Keiser University (University), and those acting pursuant to its authority, including its employees, assignees, or agents to: (i) record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium; (ii) use my name and biographical material in connection with such recordings; and (iii) use, reproduce, exhibit, and/or distribute my name, photograph or photographic likeness, videotaped image, audio statements, biographical material, and such recordings in any medium (e.g. print publications, video, internet, etc.) for promotional, advertising, educational, and/or any other lawful purpose, in any manner they deem necessary.

I certify that I am 18 years of age or older or that my parent/guardian has signed below and I understand that I am not entitled to compensation for use of said photographic / videographic likeness nor input concerning its use and waive my right to any such compensation. I am voluntarily participating and sharing my story. As a result, I release Keiser University and Keiser University principals from all liability.

Name (Please Print)

Signature

Date

Witnessed By (Please Sign)

Parental Consent if Under Age 18

Name (Please Print)

Signature