



THE UNIVERSITY OF TEXAS AT AUSTIN  
UNIVERSITY INTERSCHOLASTIC LEAGUE

**PHOTOGRAPHIC CONSENT AND RELEASE FORM**

**FILING: This form must be retained and filed by the local UIL member school district prior to the UIL State Championship event.**

**DO NOT SEND THIS FORM TO THE UIL STATE OFFICE**

I hereby authorize the University of Texas at Austin and the University Interscholastic League (University), and those acting in pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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City

State

ZIP

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18):

\_\_\_\_\_ Date: \_\_\_\_\_