



Consent to Photograph, Record, and Interview Minor Child

I, (Parent/Guardian) of _____(Minor)
grant permission to the Board of Regents of the University System of Georgia, Augusta University, its employees and representatives, to interview, tape, film or photograph, make video and/or digital images of my child with the understanding that such materials may be used for print and electronic media, publications, educational or fund raising efforts to enhance the programs at Augusta University.

I agree that my consent is voluntary and that I will receive no compensation for agreeing to the terms of this authorization. I understand that the Board of Regents of the University System of Georgia and Augusta University shall own any recorded material.

My consent is given with the following restrictions:

I relieve and hereby agree to hold the Board of Regents of the University System of Georgia, Augusta University, its members, officers, and employees, and agents free from any liability connected with this authorization. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself. I may revoke this authorization at any time by submitting a written request that it be cancelled. However, I understand that any revocation will not apply to information that already has been released in response to or in reliance upon this authorization. A revocation will not be effective until the date it is received by Augusta University Office of Legal Affairs, 1120 Fifteenth Street, AA 2007 Augusta, Georgia 30912.

Name: _____

Signature: _____

Date: _____