## JAMES MADISON UNIVERSITY Photographic / Media Consent Form for Minor Children

Minor Child's Name (	FIRST & LAST):	
to sign this release. I here permission, with respect by the above-named study same in whole or in part is purpose whatever for illustrappropriate, to use the studiest University chooses. Use of as to changes or alteration works made in any medical studiest to the studi	n of the above-named student who is under eightly grant permission to James Madison Universite to photographs, videos, and audio recordings talent or in which the student may be included with any and all media including use on the world vistration, promotion, art, recruitment, publication audent's name and pertinent education and/or but fighted to composite or distinct (including but not limited to composite or distinct and I waive any right to inspect or approve the recording, and/or comments including written or	ty the absolute and irrevocable right and ken or made of and/or comments made th others; to use, re-use, and publish the wide web, now or hereafter, and for any en, advertising, and trade, and if biographical facts as James Madison cordings is granted without any restriction storted representations or derivative he finished versions incorporating the
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	Signatures	
and marketing materials,	se of the minor child's photographs, video foota JMU social media pages, and other websites, ne es within James Madison University.	=
I give this consent volunt	arily.	
Signature	Printed Name	Date
Witness	Printed Name	Date