



**VIDEO/PHOTOGRAPH RELEASE FORM AND FERPA RELEASE**

I hereby grant The University of North Carolina at Chapel Hill (the “University”) the irrevocable right and permission to use photographs, audio, and/or video recordings (“media”) of me that are taken during my participation in general Carolina Housing events and gatherings.

The intended use of this media is for brochures, Internet websites, publications, promotional flyers or literature, educational materials, audiovisual presentations, advertising, or for any other purpose related to the educational mission of the University. I understand that I will not be compensated for the use of media of me.

I understand and agree that I may be identified by name and/or title in information that might accompany the media of me. I waive the right to approve the final product. I agree that all such media, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the University.

I hereby release, acquit and forever discharge the State of North Carolina, the University, and the current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said media, including but not limited to, any claims for invasion of privacy, appropriation of likeness, or defamation.

I understand that the media may be protected by the Family Educational Rights and Privacy Act (“FERPA”) as education records. I hereby authorize the University to release the media from this event to faculty, staff, students, visitors of the University, and members of the general public. The purpose of the disclosure is to advance the educational mission of the University.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives. This release shall remain in effect until revoked. A copy of this release shall have the same force and effect as the original.

\_\_\_\_\_  
Signature of Individual Photographed/Recorded

\_\_\_\_\_  
Date

Printed Name of Individual Photographed/Recorded: \_\_\_\_\_

**If individual photographed/recorded is under eighteen (18) years old, the following section must be completed:** I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

\_\_\_\_\_  
Signature of Parent/Guardian of Individual Photographed/Recorded

\_\_\_\_\_  
Date

Printed Name of Parent/Guardian: \_\_\_\_\_