



UNIVERSITY OF ST. THOMAS Media Release and Consent Form

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By signing this form, I grant permission to the University of St. Thomas to use my name, image, likeness, voice, written statements and/or biographical information in photographs, video recordings, audio recordings or other media (Media) taken or collected by or on behalf of UST.

I understand that this Media may be used, without limitation, in University publications, websites, social media platforms, advertising, marketing materials, fundraising efforts, news releases, and other official University communications, in any format now known or later developed.

I further understand that:

- The Media may be edited, duplicated, distributed, or combined with other materials at UST's discretion.
- I will not receive compensation for the use of the Media.
- UST retains ownership of all Media.
- This permission is granted voluntarily and is effective in perpetuity.

Age Confirmation

Please check one:

- ☐ I am **18 years of age or older**
☐ I am **under 18 years of age** (parent/guardian consent required below)

Participant Information

Name (print): _____

Affiliation: ☐ Student ☐ Faculty ☐ Staff ☐ Alumni ☐ Guest

Department/Program (if applicable): _____

Email: _____

Phone (optional): _____

Signature: _____

Date: _____

Parent/Guardian Consent (Required if participant is under 18)

I am the parent or legal guardian of the minor named above and consent to the terms of this Media Release on their behalf.

Parent/Guardian Name (print): _____

Signature: _____

Date: _____

Name Recognition Opt-Out

☐ I will allow the University to identify me by name in University publications, alongside Media.

☐ I prefer not to be identified by name in University publications.