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**Likeness Release**

I grant permission for the Subject's likeness, image and voice to be recorded in any media and to be used by the University of Georgia on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known of or hereafter developed in the future, for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

I certify that I am at least 18 years of age, that I am the Subject or parent/legal guardian of the Subject, and that I have read and understood the above.

Print Subject Name: \_\_\_\_\_

**Please indicate your agreement to the foregoing by signing below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Guardian  
(If different from Subject)

\_\_\_\_\_  
Contact email or phone