



Parent Photograph Release and Indemnity Agreement

Child's name:

Parent's name:

Activity:

Activity dates:

Today's date:

Releasees:

The Board of Regents, Texas State University System, Texas State University-San Marcos, and all regents, employees, and agents of these entities.

Consent:

I authorize Texas State University-San Marcos to tape, photograph, or record my child and to use my child's image, name, and voice in any manner in connection with the university's activities and programs. I agree that the tapes, photographs, and records will be the property of the university with full right of disposition in any manner.

Release:

I release, discharge, and agree not to sue the Releasees for any claims relating to the capturing of my child's image, name, or voice. This release includes all claims, whether or not caused by the negligence of the Releasees.

Indemnity:

I also agree to indemnify and hold the Releasees harmless from any loss, damage, liability, or costs that they may incur from the university's use of my child's image, name, or voice..

Parent signature:

601 University Drive | San Marcos, Texas 78666

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MEMBER THE TEXAS STATE UNIVERSITY SYSTEM