

Duke
UNIVERSITY

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Permission to Film a Minor

I, _____, hereby give permission for (name of minor child) _____ to be photographed, videotaped, and/or audio-recorded by Duke University, its employees or designees, and I hereby grant to Duke University the royalty-free, exclusive, perpetual right to use (and to license to others to use) her/his name, voice, image and likeness in any media whatsoever, for the following production or event:

which may include (check all that apply):

- Videotape and/or audio record for classroom use
- Broadcast or streamed on the internet

My signature certifies that I am the parent, guardian or adult responsible for the minor child named above, and that I intend to be legally bound by this document, and that I have read, signed, sealed and delivered it voluntarily, without coercion and with knowledge of the nature and consequences thereof.

Signature Date

print name

Witness Date

print name