

**University of Delaware - Department of Music**  
**Student Audio/Video Recording Consent Form**

I, \_\_\_\_\_, am/will be a student at the University of Delaware (“University”).

As a student, I understand that I may participate in performances, events, or activities (“Activities”) taking place at the University and/or as part of a course of study at the University.

In relation to such Activities, I hereby grant to the University my consent, and the right to:

- Make records (“Records”) of (e.g., by recording, photographing, live streaming or broadcasting) such Activities;
- Store copies of such Records in an archive for archival and library purposes; and
- Use such Records for education, recruitment, or promotional purposes. By way of example, such use may include reproducing, exhibiting, publishing, digitizing, licensing, editing, and distributing.

With respect to any use of such Records:

- I expressly waive and release any claims in relation to use of my image, name, biographical information and/or voice, including any claims of defamation, invasion of privacy, or any infringement of moral rights, rights of publicity or copyright in relation to such Records.

I further acknowledge that:

- Any such Records will not be used for commercial purposes unless such use has been authorized in writing by all involved parties; and
- I have no right to approve or inspect, or claim any compensation in relation to, any participation, contribution, creation, Recording or use described above.

This Consent Form applies to any and all performances given during my entire enrollment at the University of Delaware and includes both solo and ensemble performances.

I am over the age of 18 and have read and understood this Audio/Video Recording Consent Form.

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
UD ID

PARENT/GUARDIAN CONSENT (*required if the student is under 18*): I am the parent or guardian of the minor identified above. I have the legal right to consent to, and do consent to, the terms and conditions above.

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Phone

**Return completed form to [music-pr@udel.edu](mailto:music-pr@udel.edu)**