# BYU Psychology

## Photo, Video, and Research Media Release Form

**Participant Information**

Full Name: _____

Email Address: _____

Phone Number (optional): _____

Event/Location (if applicable): _____

**Description of Media Covered by This Release**

This consent applies to the following types of media captured by BYU or its representatives:

- Photographs
- Video recordings
- Audio recordings
- Interview statements or written quotes
- Purpose of Use

I understand that my image, voice, or statements may be used by the BYU Department of Psychology for promotional, educational, research, or informational purposes, including but not limited to:

- Department websites
- Social media channels
- Printed materials
- Digital newsletters
- University publications
- Research presentations or reports
- Displays or academic materials
- Rights Granted to BYU

By signing this form, I grant Brigham Young University and the BYU Department of Psychology the right to:

- Use, reproduce, publish, display, distribute, and archive the media
- Edit, crop, or modify the media as needed
- Use my name, image, likeness, voice, and statements in connection with the media
- Use the media in whole or in part, without restriction

I understand that these materials may be shared publicly and may appear in various media formats now or in the future.

**Compensation and Voluntary Participation**

I acknowledge that:

- I will not receive compensation for the use of these materials
- My participation is voluntary
- I may choose not to sign this form without any impact on my standing with BYU or the Department of Psychology

**Duration of Consent**

I understand that this consent is perpetual and applies to future uses of the media. I also understand that BYU cannot retract or remove materials that have already been published or distributed.

**Release of Liability**

I release Brigham Young University, its employees, and representatives from any claims, demands, or liabilities arising from the use of the media described above.

**Consent Options (Optional)**

You may select specific permissions if you prefer:

☐ Photo use only
☐ Video use only
☐ Audio/interview quotes
☐ Use of my name
☐ Tagging me on social media (if applicable)
☐ Use of media for research purposes only
☐ Use of media for promotional purposes only

**Signature**

Signature: _____

Date: _____

**If the participant is under 18:**

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____