CONSENT TO RECORDING
HPU Student

To: Hawai‘i Pacific University
500 Ala Moana Boulevard, Suite 4-575
Honolulu, HI 96813

From:_____
First Name Middle Initial Last Name

_____
Address City State Zip Code

_____
Email

Valid for the following Hawai‘i Pacific University event:

_____

Event to be held on the following date(s): _____.

I hereby grant permission to Hawai‘i Pacific University (the “University”) to take still or moving photographs, audio recordings and/or video recordings, motion pictures or any other digital images (“Recording”) of me, and to publish, reproduce, circulate, copyright, distribute or otherwise use the Recording (in whole or in part) for such purposes and in any medium, for University purposes including, but not limited to, training, publicity, promotional, marketing, research and educational purposes. In granting such permission, I hereby waive any right to inspect or approve the Recording, and hereby relinquish all of my rights, title and interests in the Recording and grant the University the perpetual right to use, publish and reproduce the Recording, on a world-wide basis, along with my name, without compensation, royalty or other charge.

I acknowledge that I am 18 years of age or older, and I have read this document before signing below and fully understand the contents, meaning and impact of this document.

Signature: _____ Date:_____