



DEPARTMENT OF THE ARMY
THE UNIVERSITY OF AKRON (ROTC)
SEVENTH BRIGADE, EASTERN REGION
ROOM 8, SHRANK HALL SOUTH
AKRON, OHIO 44325

REPLY TO
ATTENTION OF:

Media Release Form

I authorize The University of Akron Army ROTC Program to broadcast my appearance and/or voice and to record my picture and/or voice (on photographs, film, or tape), to edit these recordings at its discretion, to incorporate these recordings or images into broadcast medium, to use such recordings for publicity and advertising, and to use my name, photograph, likeness, voice, testimonial, biographic and other information concerning me in connection to the program. I know that The University of Akron Army ROTC Program owns all rights to the aforementioned recordings, photographs, testimonials, and biographic materials.

I release The University of Akron Army ROTC Program from any loss, damage and liability arising out of my appearance on photographs, film, social media, printed materials and/or tape.

By checking this box, I hereby acknowledge that I understand the Media Release Form is optional and as such I permit the use of my appearance and/or voice to the University of Akron Army ROTC Program.

Print Name: _____

Telephone Number: _____

Email: _____

Student ID #: _____

Signature: _____ Date: _____