



The University of Akron Recreation and Wellness Services

Photo Release Form

- I grant full permission for/to the University (including but not limited to Recreation & Wellness Services) to use photographs, videos and other types of recordings of me in legitimate accounts and promotions of the facility and/or events.

Printed Name: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: () _____