



CONSENT FOR USE OF INTERVIEWS, PHOTOGRAPHY, AUDIOTAPE, AND VIDEOTAPE

Date: _____

Student Name: _____

I consent to be interviewed/photographed/audiotaped/videotaped, and/or have my work reproduced for the purpose of publication and/or broadcast.

I further consent that such information/photograph/audiotape/videotape shall be the exclusive property of Zia Credit Union free and clear of any claim on my part.

I consent to the above without expecting payment, and I release Zia Credit Union and its employees from any and all liabilities which may arise from the use of such information/photography and/or audiotape/videotape.

It is also understood that my name/photograph may also be used for these purposes.

Signature (if over 18 years old)

Date

Parent or Legal Guardian (if under 18)

Contact Phone

Mailing Address

Email Address

City, State, Zip