



**GENERAL PUBLIC CONTENT RELEASE FORM**

**PERMISSION TO TAKE AND USE PHOTOGRAPHS AND/OR  
RECORDED STATEMENTS FOR PUBLICITY PURPOSES**

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I hereby grant Salus University permission to record, in and all mediums, my likeness and/or any statement (collectively, "content") when I am on or in the University facilities or participating in a University-related event.

Such content shall become the sole and exclusive property of Salus University to be used in any way that the University sees fit in any and all mediums.

I hereby release Salus University from any and all liability that may arise by such use of the content.

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PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Check here if signing for a child under age 18: \_\_\_\_\_

Child's name: \_\_\_\_\_

*This form must be filled out and returned via interoffice mail to:*

**Salus University**  
Office of Communications  
8360 Old York Road  
Elkins Park, PA 19027

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