



GENERAL PUBLIC CONTENT RELEASE FORM

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

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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TODAY'S DATE: _____

SIGNATURE: _____

Check here if signing for a child under age 18:

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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

(Rev. 0820)