**THE UNIVERSITY OF TEXAS SYSTEM**

**REGENTS’ OUTSTANDING ARTS & HUMANITIES AWARD  
RELEASE FORM**

For valuable consideration, I do hereby authorize The Board of Regents of The University of Texas System (Board), and those acting pursuant to its authority to:

1. Reproduce, distribute, read or perform publically, display, exhibit, record and/or broadcast my work submitted for consideration for the Regents’ Outstanding Arts & Humanities Award, in whole or in part, without restrictions or limitation, for any educational or promotional purpose which the Board, and those acting pursuant to its authority, deem appropriate;
2. Record on video tape, audio tape, film, photograph or any other medium and/or broadcast any appearance(s) I make recorded pursuant to said submission of my work and/or my participation and appearance at Board meetings, dinners or other gatherings; and
3. Use my work, name, likeness, voice and biographical material in connection with the Regents’ Outstanding Arts & Humanities Award which the Board, and those acting pursuant to its authority, deem appropriate.

I warrant and represent that my work is original, that I alone wrote my work, that the work is unpublished (as of the date of my submission of the work for the Regent’s Outstanding Arts & Humanities Award), and that to the best of my knowledge my work does not infringe any copyright, invade any right of privacy, contain any libelous material, or infringe or violate any other right of any person or entity. I further indemnify and hold harmless The Board and its licensees, agents and assigns from any claim, suit, damage, loss or expense (including reasonable attorneys' fees) arising out of any breach or alleged breach of any of the foregoing warranties and representations.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_