



**SAN JOSÉ STATE
UNIVERSITY**

VIDEO CONSENT AND RELEASE FORM

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Communicative Disorders and Sciences

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Consent is hereby granted to the Kay A. Armstead Center for Communication Disorders at San Jose State University, San Jose, California, to take video recordings for computer, television, sound and pictures (hereafter referred to as “video”) of _____
Singly or in a group for purposes set forth hereafter.

It is understood that said video is to be taken for the purpose of instructional telecasting, both open or closed circuit, or for the publication of educational materials by San Jose State University.

It is agreed that I shall not have any right, title, or interest in the video nor shall there arise or vest in me any cause of action for damages for injuries other than physical injury which may be proximately caused by negligence, and without contributory negligence on my and/or my child’s part, by virtue of the making of said videotape in the manner and for the purposes herein described.

All parties hereby agree to comply with the forgoing terms.

Name (print) Client Parent/Guardian Date

Signature

San Jose State University

Name of Witness (not clinician, print) Date

Signature of Witness



The California State University:
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