MODEL RELEASE

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I affirm that I am 18 years old or older:

Signature: __________________________ Date: __________________________
Printed name: __________________________
Witness: __________________________ Date: __________________________

Location (optional):
Description:

IF UNDER 18 YEARS OLD:

Student's Name: __________________________

I am the parent/guardian of the above named student who is under eighteen years of age and I am fully competent to sign this release. I hereby grant Sam Houston State University and/or parties designated by Sam Houston State University (including clients, purchasers, agencies, and periodicals, or other printed matter and their editors) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works from University-related photographs and/or audio recordings and/or video images of the above named student. This grant includes, without limitation, the right to publish such images and/or audio, with or without name, in the University newspaper, alumni magazine, and/or public relations/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials, and any other University-related publication. The images and/or audio may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

I hereby discharge SHSU from any and all claims and demands arising out of or in connection with the use of photographs, videos, and/or comments, including limitation and all claims for libel or invasion of privacy.

I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

☐ Has My Permission          ☐ Does not have my permission

Signature: __________________________ Date: __________________________
Printed name: __________________________
Witness: __________________________ Date: __________________________