University of Idaho
Communications & Marketing
Photo/Video Release Form

Name: __________________________________________________

Email Address: _________________________________________

Local Phone: ___________________________________________

Major/Dept: _____________________________________________

Year in School: _________________________________________

I do hereby consent to the recording and reproduction of my image, voice, and name. I authorize the University of Idaho to copyright, publish, and use in all forms and media, and all manner for advertising, trade, promotion, exhibition, or any other lawful purpose whatsoever any still, single, multiple, or moving photographic portraits or pictures of me in which I may be included in whole or in part, or composite or distorted in character, or form, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise or other derivative works made through my medium.

I do hereby waive any right that I may have to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied.

Consent shall include the sale, further reproduction or replication and/or other use of my image and/or voice in any form by the University of Idaho, its agents, or assigns. This consent shall be a continuing consent with no limitations or reservations.

I am the person named above and have the legal authority to execute the above release. I approve the forgoing and waive any rights in the premises.

Signature________________________________Date____________

Parent/Guardian (if under 18)________________________________