



## University of Idaho Communications & Marketing Photo/Video Release Form

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.

\_\_\_\_\_  
FULL NAME (PRINTED) TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS (CITY) (STATE) (ZIP)

\_\_\_\_\_  
EMAIL ADDRESS Are you over 18:(circle one) YES NO

\_\_\_\_\_  
MAJOR/DEPARTMENT (If applicable) EXPECTED GRAD. YEAR

Circle one: Freshman Sophomore Junior Senior Hometown: \_\_\_\_\_

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)

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**PARENT/GUARDIAN CONSENT FOR INDIVIDUALS UNDER THE AGE OF 18** - I am the legal guardian for 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.

\_\_\_\_\_  
PARENT/GUARDIAN FULL NAME (PRINTED) PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN ADDRESS (CITY) (STATE) (ZIP)

\_\_\_\_\_  
PARENT/GUARDIAN EMAIL ADDRESS PARENT/GUARDIAN TELEPHONE NUMBER (DATE)

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**OFFICE USE ONLY:**

\_\_\_\_\_  
FULL NAME (PRINTED) SIGNATURE

\_\_\_\_\_  
TITLE DEPARTMENT DATE