

OSU Model Release

I authorize Oregon State University, and those acting pursuant to its authority to:

(a) Record my participation and appearance in:

Name of event

Date

on videotape or audiotape, in photographs, or in any other recorded medium. I understand that these recordings may be used in any medium, including print, Web, video, or audio.

(b) Use my name, likeness, voice, and biographical material in connection with recordings.

(c) Exhibit or distribute such recording in whole or part without restrictions or limitation for any educational or promotional purpose, which Oregon State University and those pursuant to its authority, deem appropriate.

I waive any right I might have to inspect and/or approve the finished medium, or the use to which it may be applied.

I represent that I am at least 18 years of age and that I have read and fully understood the above paragraph and am knowingly and voluntarily executing this release.

Signature

Name

Street

City

Zip

Telephone

E-mail

Parent/Guardian signature (if under 18)