

**University of Puget Sound Release Form**

**For Photographs or Recordings of Students, Alumni, Faculty, Staff, or Family Members of Students, Alumni, Faculty, or Staff**

I hereby consent to be photographed and/or recorded by University of Puget Sound and/or its agents, assigns, and licensees. I agree that University of Puget Sound will own any and all rights in said photography and/or recording.

I hereby waive and release University of Puget Sound and its agents, assigns, and licensees from all personal right, objection, and liability relating to any use of my photograph and/or recording, together with my name and other identifying information, for promotion or other purposes, including but not limited to print, video, and online publication.

If signing for a minor, please print the minor’s name and sign as Legal Guardian.

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| Signature: |  | | Date: |  |
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| Print Name: |  | | | |
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| Legal Guardian Signature (if under 18): | |  | | |
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| **This section to be completed by a University of Puget Sound Representative (if applicable)** | |
| Presentation title: |  |
| Department/Program/Project host or sponsor: |  |
| Presentation location: |  |
| Name and department of recorder: |  |
| Recording device: |  |
| Recording length: |  |