

IDAHO STATE UNIVERSITY

ISU PHOTO, VIDEO, AND COMMENT RELEASE

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EVENT:

NAME:

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PHONE: _____ E-MAIL:

ISU STATUS: Faculty Staff Student Visitor

GENERAL RELEASE

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I hereby release and discharge ISU from any and all claims and demands arising out of or in connection with the use of photographs, videos and/or comments, including without limitation any and all claims for libel or invasion of privacy.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

Signed: _____ Date:

Witness: _____ Date:

IF UNDER 18 YEARS OLD:

Student's Name:

I am the parent/guardian of the above named minor who is under eighteen years of age and am fully competent to sign this release. I hereby grant Idaho State University the absolute and irrevocable right and permission, with respect to photographs and videos taken and/or comments made by the above named student or in which student may be included with others, to copyright for same; to use, reuse and publish the same in whole or in part in any and all media including use on the internet, now or hereafter, and for any purpose whatever for illustration, promotion, art, advertising, news and trade, and if appropriate, to use student's name and pertinent education and/or biographical facts as ISU chooses.

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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

Signed by parent or guardian: _____ Date:

Witness: _____ Date: