Photo Model Release Form

I hereby grant permission to be photographed, voluntarily and without compensation, by Washington State University, understanding that the same is intended for publication by print media, newspaper, television, video, or motion picture.

I additionally consent to the use of my name in connection with the publication by print media, newspaper, television, video, or motion pictures of photographs taken of me.

Subject/ model signature Date

Parent/guardian signature (if model is a minor) Date

Witness Date

Insert Logo or

Organization Name Here

Photo Model Release Form

I hereby grant permission to be photographed, voluntarily and without compensation, by Washington State University, understanding that the same is intended for publication by print media, newspaper, television, video, or motion picture.

I additionally consent to the use of my name in connection with the publication by print media, newspaper, television, video, or motion pictures of photographs taken of me.

Subject/ model signature

 Date

Parent/guardian signature (if model is a minor) Date

Witness Date

Insert Logo or

Organization Name Here