

**Photography Consent Form/ Model Release/ Media Release**

I, (print name) \_\_\_\_\_, hereby grant permission to Colorado State University, its employees or representatives, to take and use: (check all that apply)

- Photographs/ digital images
- Videotape
- Audio recording or quoted remarks
- Educational or other powerpoint or presentation materials

Of me, or of my property, for use in promotional or educational materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

I agree that the media  may/  may not (*select one*) contact me to speak with me regarding my involvement in CSU, (name of program) \_\_\_\_\_ activities.

I authorize the use of these material indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of Colorado State University.

Date : \_\_\_\_\_ Signature of adult subject : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**RELEASE FOR MINOR CHILDREN (Under 18)**

I, (print name) \_\_\_\_\_, parent/ legal guardian of (child's name) \_\_\_\_\_ hereby grant permission to Colorado State University, its employees or representatives to take and use: (check all that apply)

- Photographs/ digital images
- Videotape
- audio recording or quoted remarks

Of my child for use in promotional or educational materials as follows:

- printed publications or presentations
- web sites

I agree that my child's name and identity  may be revealed/  may not be revealed (*select one*) in descriptive text or commentary in connection with the image(s).)

I agree that the media  may/  may not (*select one*) contact my family to speak with my child regarding his/ her involvement with Colorado State University, (name of program) \_\_\_\_\_ activities.

I authorize the use of this materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video or audio recordings shall be the property of Colorado State University.

Date \_\_\_\_\_ Signature of parent/ guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Signature of witness \_\_\_\_\_