

# 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

of me or my animal or prepared by me for use in promotional, information or news related materials. These materials might include printed or electronic publications, such as magazines, newspapers, TV, Web sites or other electronic communications.

I agree that my name and identity

☐ may **OR** ☐ may not be revealed in descriptive text or commentary in connection with the image(s).

I agree that the media

☐ may **OR** ☐ may not

contact me to speak with me regarding my involvement with Colorado State University.

I authorize the use of these materials 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 or official 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 materials (such as magazines, newspapers, brochures or flyers)

☐ electronic publications or presentations (TV or other broadcast media)

☐ Web sites

I agree that my child's name and identity:

☐ may be revealed **OR** ☐ may **not be** revealed in descriptive text or commentary in connection with the image(s).

I agree that the media

☐ may **OR** ☐ may not

contact my family to speak with my child regarding his/her involvement with CSU activities.

I authorize the use of these 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)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Signature of Witness for CSU)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)