

Indiana State University Model Release Form

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I

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I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless Indiana State University, its employees, legal representatives and assigns, and all person acting under ISU's permission or authority from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise that may occur or be produced in the taking of such photographic portraits, images or video in any subsequent processing thereof, as well as any publication thereof, including without limitation and claims for libel or invasion of privacy.

I hereby warrant that I am of full legal age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon ISU, its employees, legal representatives and assigns.

MODEL _____

NAME (PRINT) _____ DATE _____

SIGNATURE _____

PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

Parent or Guardian (if under 18 years of age) _____

NAME (PRINT) _____

SIGNATURE _____

WITNESS (NOTE: Must be of legal age)_____

NAME (PRINT) _____

SIGNATURE_____