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MSU PHOTO, VIDEO AND COMMENT RELEASE
**(Fill out this form electronically and email to shunts@montana.edu,
or print out and fax to (406) 994-4102 or mail to the address above)**

EVENT:

NAME:

ADDRESS:

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MSU STATUS: Faculty/Staff/Administration Student Visitor Outreach program participant

GENERAL RELEASE

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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:

IF UNDER 18 YEARS OLD:

Student's Name:

I am the Parent/Guardian of the above named student who is under eighteen years of age and am fully competent to sign this release. I hereby grant MSU 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 world wide web, now or hereafter, and for any purpose whatever for illustration, promotion, art, advertising and trade, and if appropriate, to use student's name and pertinent education and/or biographical facts as MSU chooses.

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Date:

*If this form is submitted electronically, typing your name in the appropriate spot will be considered proof of your signature