# Photo Release Form

DATE

Event

I hereby grant Montana State University permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Montana State University, in perpetuity, and for other use by the University. I hereby release Montana State University and any photographer chosen by MSU to photograph me from any and all claims for damages for libel, slander, invasion of privacy or any other claim based upon the use of my photograph and information about me for this purpose.

Subjects Name (print full name)

Signature

Address

City, State, Zip code

Telephone

Requested by

# Guardian’s Release for Minors under 18 years of age

I warrant that I am of full legal age and have every right to contract for the minor in the above regard. I have read, understand and agree with the conditions listed above.

Guardian name

Signature

Relation to subject

Address

City, State, Zip code

Telephone

Requested by