PORTLAND STATE UNIVERSITY PHOTOGRAPHIC/VIDEO CONSENT AND RELEASE FORM

I authorize Portland State University (University) to:

   a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium (hereafter the “Recordings”).
   b) Use my name in connection with these recordings.
   c) Use, reproduce, exhibit or distribute to any person, including the general public, and in any medium (including print publications, University webpages, digital videos and other internet or social media postings such as YouTube, Facebook, Instagram, Flickr, etc.) these Recordings for the purpose of publicizing and promoting the University, or any other educational purpose the University deems appropriate.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I waive any right to inspect and/or approve the finished product, or the use to which it may be applied. I recognize and authorize that release of these Recordings may often be made to, and used by the public news media or other entities over which the University has no control; and for which the institution bears no responsibility. I understand that all such Recordings, in whatever medium, shall remain the property of the University. This release will remain in effect unless and until revoked by me in a written communication to the University. I have read and fully understand the terms of this release.

________________________________________
Signature

________________________________________
Print Name

________________________________________
Email

________________________________________
Phone

________________________________________
Legal Guardian Signature (if under 18)

________________________________________
Today’s Date

Rev: 09/01/2020