



PARTICIPANT RELEASE FORM

I authorize Oregon State University, and those acting pursuant to its authority to:

- (a) Record my participation and appearance in (name of event and date)

_____ date: _____

on video tape, audio tape, film, photograph, or in any other medium.

- (b) Use my name, likeness, voice and biographical material in connection with these images.
- (c) Publish, exhibit, adapt, exploit, perform, reproduce, edit, modify, make derivative works from, distribute, display or otherwise use or re-use such images in whole or part without restrictions or limitation for any educational, or promotional use which Oregon State University and those pursuant to its authority, deem appropriate.
- (d) Waive any right I might have to inspect and/or approve the finished image or the use to which in may be applied.

I represent that I am at least 18 years of age and that I have read the above and fully understand it and I am knowingly and voluntarily executing this consent without compensation to myself.

Name:

Address:

Street

City

Zip

Phone No.:

Signature:

Parent/Guardian Signature (if under 18):