Photo/Video Release Form

I, the undersigned, grant Boise State University permission to obtain and use my image, likeness, voice, name, written testimony, and/or biographical information for the promotion and advancement of the university. I understand that the photos, videos, or materials created or commissioned by Boise State which include my image, likeness, or voice are the property of Boise State and I waive the right to inspect or approve those materials prior to distribution or to receive compensation for the use of those materials. This permission applies to all markets and in any media.

Date	
Signature	
Print Name	
Please check this box if you are at or over the age of 18	
NOTE: If you are under the age of 18, the signature of your parent or grequired to grant permission	guardian is also
Date	
Parent/ Guardian Signature	
Print Name	

Revision 11/2/2018

