

Model Release Form

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant Indiana State University, its employees, legal representatives, and assigns, those for whom ISU is acting and those acting with ISU's authority and permission, the irrevocable and unrestricted right and permission to copyright in ISU's name or otherwise, and use; publish, and republish photographic portraits, images or video of _____ (model name) in whole or in part, as part of a composite or distorted in character or form, without restriction as to the changes or alterations, in conjunction with my own or a fictitious name, or reproductions in color or otherwise made through any medium, and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, publishing, or any other purpose whatsoever. I also consent to the use of any printed matter or video in connection therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless Indiana State University, its employees, legal representatives and assigns, and all person acting under ISU's permission or authority from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise that may occur or be produced in the taking of such photographic portraits, images or video in any subsequent processing thereof, as well as any publication thereof, including without limitation and claims for libel or invasion of privacy.

I hereby warrant that I am of full legal age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon ISU, its employees, legal representatives and assigns.

MODEL

NAME (PRINT) _____ DATE _____

SIGNATURE _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

Parent or Guardian (if under 18 years of age)

NAME (PRINT) _____

SIGNATURE _____

WITNESS (NOTE: Must be of legal age)

NAME (PRINT) _____

SIGNATURE _____