Photographic Likeness Consent Form

Please Print Name: ____________________

By signing below I give Washington State University permission to use my photographic likeness, in promotional publications, educational publications, display and in other media.

I grant permission to Washington State University to use, reproduce, distribute and/or publicize my photographic likeness taken by ___________________. Publication, use and distribution of my photographic likeness may be by any means and without limit. Publication or use may occur in any media, including newspapers; magazines, television; brochures; pamphlets; instructional material; books; Internet, web pages, and educational material.

I acknowledge that I understand that Washington State University intends to use my photographic likeness for educational and promotional purposes.

This agreement is binding on successors, assigns and/or heirs.

Signature _____________________ Date:____________

Signature of Parent or Guardian ______________________Date:

(Parent’s signature is required for those under age 18; guardian’s signature is required for legally incapacitated persons and for any minor for whom a guardian is appointed)