Western Carolina University | Communications and Public Relations

Photo/Video Media/Marketing Release Form

Date_____

Subject_____

Location/Department_____

For good valuable consideration received, I _____grant Western Carolina University, its licensees, representatives and assigns, the irrevocable and unrestricted right to use and publish photographs or videotaped images of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release WCU and it representatives and assigns from all claims and liability relating to said photographs/videos. I have read this release and am fully familiar with its content.

Name (printed) _____

Signature_____

Witness_____

Subject/Event recorded by the following:

Photographer__Ashley Evans(3199)

Videographer__Sam Wallace(3085) __Travis Stanley(3080)

If **Othe**r, complete information below:

Name_____**Department**_____

Contact Info_____