

DDO IECT

YOUR COLLEGE/DEPT. NAME HERE 1600 Holloway Avenue San Francisco, CA 94132 V: 415.XXX.XXXX F: 415.XXX.XXXX xxxx@sfsu.edu

VISUAL/AUDIO IMAGE RELEASE FORM

I grant permission to California State University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. CSU will not materially alter the original images.

I agree that CSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored Web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release CSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

DATE:	
NAME (please print):	
PHONE:	E-MAIL:
SIGNATURE:	
NAME (please print):	
PHONE:	E-MAIL:
SIGNATURE:	

NAME (please print):		
	E-MAIL:	
SIGNATURE:		
NAME (please print):		
PHONE:	E-MAIL:	
SIGNATURE:		
NAME (please print):		
PHONE:	E-MAIL:	
SIGNATURE:		
NAME (please print):		
PHONE:	E-MAIL:	
SIGNATURE:		
NAME (please print):		
	E-MAIL:	
	E-MAIL:	