

West Virginia University
Photographic Services, PO BOX 6690, Morgantown, WV 26506
304-293-6368; Fax: 304-293-4762

Photo/Media Usage Release

For the privilege of participating in activities for West Virginia University, I hereby give my consent for my image and likeness to be videotaped, audiotaped, or photographed for the following uses:

- Educational/instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation

I further authorize West Virginia University and/or West Virginia University Hospitals, Inc., and their component parts, to use this electronic media and /or photographs in any manner---whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release West Virginia University and its component parts from all liability which could result from its use.

Camper's Name: _____

Home Address: _____

Telephone Number:

Signature of Camper: _____ **Date** _____

A parent or guardian must sign this form if the subject is a minor or if the model is hindered by mental or physical challenges.

Parent/Guardian's Name:

Signature (required):

_____ **Date:** _____