

Description _____

DETAILS



BY SIGNING I GIVE THE UNIVERSITY OF ALASKA FAIRBANKS PERMISSION TO TAKE PHOTOGRAPHS OR VIDEO OF ME AND TO USE THE PHOTOGRAPHS, VIDEO OR AUDIO IN ITS PRINT AND INTERNET PUBLICATIONS OR PRODUCTIONS, INCLUDING ADVERTISING, SIGNAGE AND PROMOTIONAL MATERIALS. I AGREE THAT THE PHOTOGRAPHS AND VIDEO ARE THE PROPERTY OF UAF AND HEREBY RELEASE UAF FROM ANY AND ALL CLAIMS THAT I MAY HAVE FROM ITS USE OF MY IMAGE OR VOICE.

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MODEL RELEASE

Photo Tracking Number (UR use only)



PRINTED NAME
(please write legibly)

E-MAIL

SIGNATURE*

DATE

ADDRESS

PHONE

CITY

STATE

ZIP

SIGNATURE OF PARENT OR GUARDIAN (IF MINOR)*

CLASS FR SO JR SR GRAD STAFF

MAJOR

UNIVERSITY OF ALASKA FAIRBANKS

*BY SIGNING THIS FORM, YOU AGREE TO THE TERMS ON THE BACK (SEE REVERSE SIDE FOR DETAILS)

01/06

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LARGE WORDS IN UPPER RIGHT CROP INTENTIONALLY. THIS DESIGN SHOULD REMAIN 2-UP IN INDESIGN FOR QUICKCOPY PURPOSES.