MODEL RELEASE

PRINTED NAME
(please write legibly)

SIGNATURE*

DATE

EMAIL (optional)

* By signing this form, you agree to the terms on the back (see reverse side for details). Please use ink. 08/2013

LARGE WORDS IN UPPER RIGHT CROP INTENTIONALLY. THIS DESIGN SHOULD REMAIN 2-UP IN INDESIGN FOR QUICKCOPY PURPOSES.
BY SIGNING, I GIVE THE UNIVERSITY OF ALASKA FAIRBANKS (UAF) 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, and for commercial purposes. I also give UAF permission to use my name, academic class standing and major in an accompanying caption, if applicable. I assign all right, title, and interest I may have in any photograph or video to UAF. 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 including but not limited to any claim for compensation.

ADDITIONAL INFORMATION

ADDRESS

PHONE

CITY

STATE

ZIP

CLASS  FR  SO  JR  SR  GRAD  FAC  STAFF

MAJOR

IF MINOR*

PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

Description

_______________________________