MODEL RELEASE

Photo Tracking Number (M&Cuse only)

SIGNATURE OF PARENT OR GUARDIAN

| PRINTED NAME (please write legibly) | | | |
|---|--|--|--|
| SIGNATURE* | | | |
| DATE | | | |
| EMAIL (optional) | | | |
| * By signing this form, you agree to the terms on the back (see rev | | | 08/2013 |
| Description | | DET | TAIL |
| BY SIGNING, I GIVE THE UNIVERSITY OF ALASK photographs or video of me and to use the photographs, vi or productions, including advertising, signage and promo also give UAF permission to use my name, academic class if applicable. I assign all right, title, and interest I may h that the photographs and video are the property of UAF that I may have from its use of my image or voice including | deo or audio in it tional materials standing and ma ave in any photo and hereby rele | s print and Internet , and for commercia ajor in an accompan ograph or video to ase UAF from any a | publications Il purposes. I ying caption, UAF. I agree nd all claims |
| ADDITIONAL INFORMATION | | | |
| ADDRESS | PHONE | | |
| CITY | STATE | ZIP | |
| CLASS FR SO JR SR GRAD FAC STAFF | MAJOR | | |
| IF MINOR* | | | |
| PRINTED NAME OF PARENT OR GUARDIAN | | | |
| | | | |