



PHOTO/VIDEO RELEASE FORM

I CONSENT TO AND AUTHORIZE Western Michigan University ("WMU"), or anyone authorized by WMU, to use any likeness of me (the "Subject") in a photograph, video, or other digital media ("Photo") captured at or in relation to the event or location listed below. WMU may use Photo in any and all publications, including but not limited to web-based, print, and/or social media applications, without payment or other consideration.

EVENT / LOCATION: _____ DATE(S): _____

I UNDERSTAND and AGREE that all Photos are the property of WMU, and I waive any rights I might otherwise have in the Photo(s) or works created therefrom. I irrevocably authorize WMU to edit, alter, copy, exhibit, publish, and/or distribute the Photos for any lawful purpose. I waive any right to inspect or approve any Photo or finished product wherein my likeness appears.

I hold harmless, release, and forever discharge WMU from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have related to the Photo and its use or by reason of this authorization and Release.

I ACKNOWLEDGE, by signing below, that I am 18 years of age or older and I have read, understand, and AGREE to the terms of this Release.

MODEL / SUBJECT OF PHOTO(S):

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** ____ **ZIP:** _____

If MODEL / SUBJECT is under 18, PARENT/LEGAL GUARDIAN must sign:

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** ____ **ZIP:** _____