



## Image Release and Waiver

I hereby grant the Board of Trustees of the Minnesota State Colleges and Universities (“Minnesota State”) and its successors and assignees, permission to reproduce my name, likeness, identity, voice, photographic image, videographic image, and oral or recorded statements (hereinafter “Recordings”) in any publication by Minnesota State intended for marketing, research, educational, promotional, fund-raising, or other related use, including social media, webpages and web-based publication.

By signing this form, I waive and release Minnesota State and its officers, agents, and employees, from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, videographic image, and oral or recorded statements. I hereby waive any right that I may have to inspect or approve the finished Recordings. I understand that the Recordings and copyright will be the sole property of the Board of Trustees of the Minnesota State Colleges and Universities.

I acknowledge that Minnesota State will rely on this waiver and release in producing, broadcasting, and distributing materials containing my name, likeness, identity, voice, photographic image, videographic image or oral or recorded statements, and that I will receive no money or remuneration of any kind from Minnesota State related to this waiver and release or the materials covered by this waiver and release. I further consent to the public release of the Recordings for the above-stated purposes, pursuant to the consent provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232 et seq., if applicable.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand the contents, meaning, and impact of this waiver and release, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If under 18:**

**Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_