



AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE, ARTWORK, OR LIKENESS

BY SIGNING BELOW, I hereby give permission to Southwestern Oklahoma State University and its agents or employees (SWOSU), to take photographs or videos of me, and to make recordings of my voice. I give permission to SWOSU to use these photographs, videos, and recordings, as well as my likeness, name and voice taken of me for use in any publication which may include printed or electronic media, or both. Furthermore, I give permission to SWOSU to use my name in conjunction with said photographs. I understand that SWOSU is under no obligation to use these photographs.

I hereby relinquish any right to inspect or approve the completed product or products which may include the finished photograph of me, advertising copy, or any other printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless SWOSU and its agents or employees, including any firm publishing and or distributing the finished product or products in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication or distribution.

I have completely read this release before signing, and I fully understand the contents, meaning and impact of this release.

FULL NAME (PRINTED)		SIGNATURE	
ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
EMAIL ADDRESS	TELEPHONE NUMBER	DATE	

PARENT/GUARDIAN CONSENT FOR INDIVIDUALS UNDER THE AGE OF 18			
FULL NAME (PRINTED)		SIGNATURE	
ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
EMAIL ADDRESS	TELEPHONE NUMBER	DATE	

FOR SWOSU USE ONLY

FULL NAME (PRINTED)	DEPARTMENT	DATE
---------------------	------------	------