OSU Model Release

I authorize Oregon State	University, and those actir	ng pursuant to its authority to:	
(a) Record my participati	ion and appearance in:		
Name of event		Date	
-		any other recorded medium. I uncluding print, Web, video, or au	
(b) Use my name, likene	ss, voice, and biographical	material in connection with rec	cordings.
* *	tional purpose, which Oreg	part without restrictions or limigon State University and those p	•
I waive any right I might may be applied.	have to inspect and/or app	prove the finished medium, or the	ne use to which it
-	ast 18 years of age and thangly and voluntarily execu	at I have read and fully understonting this release.	od the above
Signature			
Name			
Street	City	Zip	
Telephone	E-mail		
Parent/Guardian signat	ure (if under 18)		