

# Photo Release Form

I do hereby consent and agree that the \_\_\_\_\_ (student organization) and Texas A&M University have the right to use photographs or video/audio of me (and/or my property) and to use these for their respective websites and/or educational and promotional materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Texas A&M University Division of Student Affairs and Texas A&M University all rights to exhibit this work publicly or privately, including posting it on their respective websites. I waive any rights, claims, or interests I may have to control the use of my identity or likeness in the photographs, video, or audio and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I have read and understand the foregoing statement and am competent to execute this agreement.

Name: \_\_\_\_\_ Organization \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Name: \_\_\_\_\_ Organization \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Name: \_\_\_\_\_ Organization \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Name: \_\_\_\_\_ Organization \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Name: \_\_\_\_\_ Organization \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

## FOR ORGANIZATION USE ONLY

Date: \_\_\_\_\_ Event: \_\_\_\_\_

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

Organization \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

---

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

Organization \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

---

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

Organization \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

---

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

Organization \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

---

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

Organization \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Organization \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

---

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

Organization \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

---

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

Organization \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

---

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

Organization \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

---

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

Organization \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_