

Photographic Likeness Consent Form

ease Print Name:
signing below, I give Washington State University permission to use my otographic likeness and/or a photographic likeness of my property, in omotional publications, educational publications, display and in other media.
rant permission to Washington State University to use, reproduce, distribute d/or publicize my photographic likeness and/or a likeness of my property taken Publication, use and distribution of these otographic likenesses may be by any means and without limit. Publication or use by occur in any media, including newspapers; magazine, television; brochures; mphlets; instructional material; books; internet, web pages, and educational aterial.
cknowledge that I understand that Washington State University intends to use ese photographic likenesses for education and promotional purposes.
is agreement is binding on successors, assigns and/or heirs.
gnature Date:
gnature of Parent or Guardian Date:
parent signature is required for those under age 18; guardian's signature is quired for legally incapacitated persons and for any minor for whom a guardian is pointed.)