

# Model Release

Agreement by the subject to confer rights to use photograph(s) and/or video(s) by the University of Kansas

I hereby give my consent for my photograph or videograph taken this day to be used by the University of Kansas, or any of its agencies, in any way related to the publicity programs of this organization.

Date \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Grade level

\_\_\_\_\_  
Academic major

\_\_\_\_\_  
Hometown

I wish to be emailed proofs of my still photographs.

Email \_\_\_\_\_

If the subject is a minor (younger than 18 years), please complete the following:

\_\_\_\_\_  
Name of parent or guardian (please print)

\_\_\_\_\_  
*Parent's or guardian's signature*

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

KUMC Office of Public Affairs, Mail Stop 3013, 3901 Rainbow Blvd., Kansas City, KS 66160, (913) 588-2598 rev. 11/20/06