

KIDS IN COLLEGE PHOTO RELEASE FORM

STUDENT NAME : _____

PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

A photographer may be on campus during the Kids in College Program. Photographs will be used for informational, publicity or promotional purposes.

Please read this statement and sign below.

Now, on this _____ day of _____, 2019, I, the undersigned, grant Ohio University-Chillicothe authorized agents the irrevocable right to use photographs of my child listed above for informational, publicity, or promotional purposes without prior notification. No name or other personal information will be used. I understand that these photographs may appear in printed materials, on the University's web site, in University presentations or exhibits, in newspapers or magazines, or on television. I agree to hold the University harmless from all claims related to the University or its agents' use of these photographs for these purposes. I also agree that the University is under no obligation to me or any other party to use these photographs. By my signature below, I represent that I have read and fully understand this Standard Release Form, and that I am the parent and/or legal guardian of the minor named above. I have the legal authority to execute the above Standard Release Form.

PARENT OR GUARDIAN SIGNATURE: _____

Please return with Kids In College registration and emergency forms.