PHOTOGRAPH CONSENT AND RELEASE (ADULT)

| I, (print name) | , hereby consent and grant |
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| for promotional, marketing, or educational purpo | 3 6 6 |
| · · · · · · · · · · · · · · · · · · · | we any privilege to inspect such images or depictions prior |
| | mages indefinitely without compensation to me. All |
| negatives, positives, prints, digital reproductions and videotape shall be the property of SIU. SIU may may not <i>(check one)</i> use my name and identity in connection with the image. | |
| (Date) | |
| (Signature of adult subject) | |
| (Address) | |
| (City, State, Zip) | |
| ********** | ************ |
| PHOTOGRAPH CONSENT AND RELEASE (CHILD) | |
| I, (print name) | , parent or official guardian of |
| (child's name) | hereby consent and grant permission |
| | iversity governing Southern Illinois University, its |
| employees, and representatives (collectively "SIU") to take and use photographs, videotapes, digital | |
| images, or otherwise recorded images of my child and to publish such images or depictions for promotional, marketing, or educational purposes in any form, including, but not limited to print, | |
| | sent and grant permission to SIU to edit, crop, retouch, or |
| otherwise alter such images or depictions of my child , I waive any privilege to inspect such images or | |
| depictions prior to publication, and I authorize the use of these images indefinitely without compensation | |
| to me or my child. All negatives, positives, prints, digital reproductions and videotape shall be the | |
| property of SIU. | |
| SIU may may not (check one) use my ch | ild's name and identity in connection with the image. |
| | |
| (Date) | |
| (Signature of parent or guardian) | |
| | |
| (Address) | |
| (City, State, Zip) | |