



Black Hills State University
Standard Photograph and/or Video Release Form

Date _____
Legal Name _____
Address _____
City _____ State _____ Zip _____
Phone# _____ Permanent Phone # _____
Age _____ Date of birth _____ Student ID# _____

I do hereby give Black Hills State University at no charge or compensation, the absolute right to display and/ or publish photographs and/or video of me.

I do hereby irrevocably waive any right that I may now have or hereafter acquire, by the operation of law or otherwise, to inspect and/or approve the finished product, the printed material or the advertising and /or editorial copy, caption, and headings that may be used in conjunction therewith, or the use to which it any be applied.

I do hereby release, discharge, and agree to save Black Hills State University it assigns, heirs or successors, whether individual, corporate or otherwise, and those acting under authority of permission, from an liability by virtue of an use whatsoever and including an blurring, distortion, alteration, optical illusion, or use in composite from whether intentional or otherwise, that may occur or be produced in the use of said photograph and/or video, or in any processing tending toward the completion of the finished product.

I do hereby warrant that I am of full legal age and have every right to contract in my own name in the above regard and further that I have read the above authorization and release prior to its execution and that I am familiar with the contents thereof.

This agreement has been fully read and understood by _____
Model signature _____
Photographer/Videographer signature _____
Date _____