PHOTO & VIDEO RELEASE FORM

I, _______________________________________________ (please print) hereby give and grant to Louisiana State University Shreveport and those acting under its permission or upon its authority full and exclusive permission to copyright, use, and publish for any and all commercial purposes whatsoever any and all videography, photographs or photographic prints of me or other reproductions or digital images made of me in any and all poses, either in conjunction with or without using my name, and to make changes or alterations in such a manner as LSU Shreveport shall deem proper and appropriate. Such commercial purposes include but are not limited to publications, promotions, illustrations, advertising, or signage, in any manner or in any medium. I hereby release Louisiana State University Shreveport and its legal representatives for all claims and liability relating to said images and videos.

I also understand that no compensation will be provided.

[ ] I acknowledge that I am over the age of 18.

[ ] I am the parent or legal guardian of a model under the age of 18.

Model’s Printed Name: __________________________________________ Date: _________

Model’s Signature: ______________________________________________ Date: _________

Model’s Guardian’s Signature: ____________________________________ Date: _________

(if under 18)

Model’s Phone Number:__________________________________________