



Photo/Video Release Form

I hereby consent that the photo/video taken of me may be reproduced in promotional materials for The Pennsylvania State University for the following: _____

In giving this consent, I release the photographer/videographer and The Pennsylvania State University from responsibility for any violation of personal or proprietary right I may have in connection with this use.

Participant Name: _____

Permanent/Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

☐ I certify that I am 18 years of age or older. **(NOTE: In the event that the participant is under 18, guardian must sign below.)***

Print Name: _____

Sign Name: _____ Date: _____

***In the event that the participant is a minor:**

I acknowledge that I am the legal guardian of the participant described above. As the participant's parent/legal guardian, I consent without reservation to the terms of this release and to the granting of the rights described herein.

Print Parent/Legal Guardian Name: _____

Parent/Legal Guardian's Signature: _____

Relationship to participant: _____

Date: _____