



Extension & Station Communications
422 Kerr Administration
Oregon State University
Corvallis, OR 97331-2119
541-737-3311; Fax: 541-737-0817

OSU Extension & Experiment Station Communications Model Release

I authorize Oregon State University and those acting pursuant to its authority to: (a) Record my image and voice on videotape, audiotape, film, photograph, or in any other medium; (b) Use my name, image, voice and biographical material in connection with any such recordings; (c) Publish, exhibit, adapt, exploit, reproduce, edit, modify, make derivative works from, distribute, display, or otherwise use or re-use such recordings in whole or part without restrictions or limitation for any educational, promotional, fundraising, informational, or public relations use which Oregon State University and those acting pursuant to its authority deem appropriate. I waive any right I might have to inspect and/or approve the finished recordings or the use to which they may be applied.

I represent that I am at least 18 years of age and that I have read the above and fully understand it and I am knowingly and voluntarily executing this consent without compensation to myself.

Name _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Signature _____ Date _____

Parent/Guardian signature (if subject under 18) _____

EESC 51 • Revised June 2005



Extension & Station Communications
422 Kerr Administration
Oregon State University
Corvallis, OR 97331-2119
541-737-3311; Fax: 541-737-0817

OSU Extension & Experiment Station Communications Model Release

I authorize Oregon State University and those acting pursuant to its authority to: (a) Record my image and voice on videotape, audiotape, film, photograph, or in any other medium; (b) Use my name, image, voice and biographical material in connection with any such recordings; (c) Publish, exhibit, adapt, exploit, reproduce, edit, modify, make derivative works from, distribute, display, or otherwise use or re-use such recordings in whole or part without restrictions or limitation for any educational, promotional, fundraising, informational, or public relations use which Oregon State University and those acting pursuant to its authority deem appropriate. I waive any right I might have to inspect and/or approve the finished recordings or the use to which they may be applied.

I represent that I am at least 18 years of age and that I have read the above and fully understand it and I am knowingly and voluntarily executing this consent without compensation to myself.

Name _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Signature _____ Date _____

Parent/Guardian signature (if subject under 18) _____

EESC 51 • Revised June 2005



Extension & Station Communications
422 Kerr Administration
Oregon State University
Corvallis, OR 97331-2119
541-737-3311; Fax: 541-737-0817

OSU Extension & Experiment Station Communications Model Release

I authorize Oregon State University and those acting pursuant to its authority to: (a) Record my image and voice on videotape, audiotape, film, photograph, or in any other medium; (b) Use my name, image, voice and biographical material in connection with any such recordings; (c) Publish, exhibit, adapt, exploit, reproduce, edit, modify, make derivative works from, distribute, display, or otherwise use or re-use such recordings in whole or part without restrictions or limitation for any educational, promotional, fundraising, informational, or public relations use which Oregon State University and those acting pursuant to its authority deem appropriate. I waive any right I might have to inspect and/or approve the finished recordings or the use to which they may be applied.

I represent that I am at least 18 years of age and that I have read the above and fully understand it and I am knowingly and voluntarily executing this consent without compensation to myself.

Name _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Signature _____ Date _____

Parent/Guardian signature (if subject under 18) _____

EESC 51 • Revised June 2005



Extension & Station Communications
422 Kerr Administration
Oregon State University
Corvallis, OR 97331-2119
541-737-3311; Fax: 541-737-0817

OSU Extension & Experiment Station Communications Model Release

I authorize Oregon State University and those acting pursuant to its authority to: (a) Record my image and voice on videotape, audiotape, film, photograph, or in any other medium; (b) Use my name, image, voice and biographical material in connection with any such recordings; (c) Publish, exhibit, adapt, exploit, reproduce, edit, modify, make derivative works from, distribute, display, or otherwise use or re-use such recordings in whole or part without restrictions or limitation for any educational, promotional, fundraising, informational, or public relations use which Oregon State University and those acting pursuant to its authority deem appropriate. I waive any right I might have to inspect and/or approve the finished recordings or the use to which they may be applied.

I represent that I am at least 18 years of age and that I have read the above and fully understand it and I am knowingly and voluntarily executing this consent without compensation to myself.

Name _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Signature _____ Date _____

Parent/Guardian signature (if subject under 18) _____

EESC 51 • Revised June 2005