



# UNIVERSITY OF MINNESOTA

## USE OF PHOTOGRAPHIC LIKENESS RELEASE

Name: \_\_\_\_\_

For good and valuable consideration, I authorize the Regents of the University of Minnesota (the "University") and its agents to record photographs or other portraits or likenesses of me on videotape, audiotape, film, photograph or any other medium and use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for any purpose that the University deems appropriate. I further consent to the use of my name, voice and biographical material in connection with such recordings.

I release the University, its successors and assigns, agents, and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings.

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*(Electronic Signature Acceptable)*

**PLEASE COMPLETE FORM AND EMAIL TO: Shawn Evenson  
(sevenson@d.umn.edu) in Student Affairs by Monday, August 3,  
2020**

**NOTICE**

Releases under 18 years of age must have this agreement co-signed by their parent or guardian.

This is to certify that I, as parent/guardian with legal responsibility for this Releasee, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless the University from any and all liabilities incident to my minor child's involvement, EVEN IF ARISING FROM THE NEGLIGENCE OF THE UNIVERSITY, to the fullest extent permitted by law.

**Parent or Guardian Signature (if under 18):**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_