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ILLINOIS
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MODEL RELEASE FORM

Minor Students/WIU Camps Participants

I, _____, do hereby give Western Illinois University its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, photograph, and/or video image in all forms and media (including the Internet) by Western Illinois University, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I have read this release and am fully familiar with its contents.

Signature _____

Mailing Address _____

E-mail _____

Elementary/Jr. High/High School _____

Year in School _____

ADULT CONSENT REQUIRED (IF UNDER 18)

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____

Mailing Address _____

E-mail _____

Date _____

University Relations

Sherman Hall 302, 1 University Circle, Macomb, Il 61455-1390
Tel. 309.298.1993 Fax 309.298.1606 WIUNews@wiu.edu