



Photograph and Video Release Form

Office of University Marketing and Communications

East Stroudsburg University of Pennsylvania

I, _____, do hereby give the Office of University Marketing and Communications of East Stroudsburg University of Pennsylvania, their assigns, licensees, and legal representatives the right to use my photograph and audio and video recordings to publicize the university.

I am of legal age. I have read this release and am fully familiar with its contents.

Witness: _____ Signed: _____

Address: _____ Address: _____

Date: _____

Consent (If applicable)

I am the parent and/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.

Witness: _____ Signed: _____

Address: _____ Address: _____

Date: _____