



**Wayne State University
School of Social Work
5447 Woodward Avenue
Detroit, MI 48202**

Photography and Video Release Form

Name: _____

I authorize Wayne State University to capture and use my image and/or recordings made of my voice in one or more photographs or videos for promotional purposes. These purposes may include publications, advertisements, billboards and the Web. I understand that I may not be identified along with the photograph and that the photograph may or may not be used. The communication(s) will promote Wayne State University to various audiences. I hereby release Wayne State University from any and all claims and demands arising out of or in connection with the use of such photographs or videos.

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

Signature _____

Address _____

City _____

State _____ Zip code _____

Date: ____/____/____

If this release is obtained from an individual under the age of 18, then the signature of that individual's parent or legal guardian is also required.

Legal Guardian

Signature

Print name

Date _____