

LEWIS-CLARK STATE — COLLEGE —

RELEASE FORM

I, the undersigned, give Lewis-Clark State College permission to copyright and publish all or any part of photographs and/or video and/or voice recordings and/or written/spoken statements taken of me for use in any public relations and/or marketing campaigns or collateral for Lewis-Clark State College. I understand that I will receive no compensation for the use of my likeness.

In addition, if I have supplied my testimonial, it has been done by my own free will, involving no type of incentive or coercion. I understand that my testimonial may be used in connection with promoting Lewis-Clark State College. I authorize Lewis-Clark State College to use my name, brief biographical information, and the testimonial as defined on this form. Additionally, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I am 18 years of age or older, and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing before signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

PRINT NAME

SIGNATURE

DATE

EMAIL (will only be used if follow-up is needed, not solicitation)

PHONE (will only be used if follow-up is needed, not solicitation)

HOMETOWN

LCSC STUDENTS ONLY

Circle one: FR SO JR SR

INTENDED MAJOR

HIGH SCHOOL ATTENDED

How interested are you in being
a part of LCSC advertising
productions? (circle one)

Very interested

Interested

Not interested

INTERNAL USE ONLY BY LEWIS-CLARK STATE COLLEGE