

# WESTERN OREGON UNIVERSITY

## Model Release

I hereby release all rights in perpetuity to the recording, transmission, and use of my voice, image, or likeness to Western Oregon University, its agents, and assigns. I represent that I am 18 years of age and have the right to consent to this agreement. If I am under the age of 18 years, my parent or guardian has consented to the conditions stated in this release and his/her signature confirms that consent. I hereby agree to release Western Oregon University, its agents and assigns from any and all liability and from any and all personal property rights which I might have in relation to Western Oregon University, its agents or assigns for the use of my voice, image and likeness.

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WOU Representative

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Model Signature/Date

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Date

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Model (Print Name)

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Guardian Signature

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Guardian (Print Name)

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Street or P.O. Box Address

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City

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Zip Code

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Date of Birth (if under 18)

### Office of Public Relations