

St. Mary's University Photo Release Form

Subject:

I grant to St. Mary's University, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize St. Mary's University to copyright, use and publish the same in print and/or electronically. Therefore I will not receive compensation for such photographs.

I agree that St. Mary's University may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

I have read and understand the above:

| Signature | |
|-----------------------------------|--|
| Printed name | |
| Email | |
| Date | |
| Signature of parent or guardian _ | |
| (if under age 18) | |