

STANDARD RELEASE FORM

Project/Program:

I hereby affirm my voluntary participation in the above named "Project/Program" for Kansas State University (K-State). I authorize K-State to record on video tape, film, or any other medium, my likeness, name, presentation and/or performance and to use and authorize others to use these recordings for cablecast, broadcast, audio-visual distribution, web, or any other electronic or mechanical format for as long as deemed necessary. My name, likeness, and biography may be used for publicizing and promoting such use.

I hereby release K-State and other distributors as authorized and approved by K-State, showing or distributing the above named Project/Program, or portion thereof, from any claim by me or my heirs for financial compensation, damage to my person, property, or reputation, or for invasion of privacy, or for any other claim, including negligence.

I affirm that to the best of my knowledge all material furnished and used by me on this program is my own original material or material that I have been granted full authority to use in this project and for any distribution as stated in this release.

I affirm that K-State has all rights in and to said project recordings and that no monetary consideration is due me.

Date:		
Printed Name:		-
Signature:		-
Email:		-
	Cell:	Other:
If under 18 years of age – sig	nature and printed name of Parent of	or Guardian:
Printed Name	Signature	Date
128 Dole Hall, Manhattan, KS 66	506-6902 (785) 532-2535 fax: (785) 532-	7355 vpcm@k-state.edu k-state.edu/vpcm