

Personal Release

I authorize Oregon State University, and Oregon Sea Grant, acting pursuant to its authority to:

(a) Record me on videotape or audiotape, in photographs, or in any other recorded medium. I understand that these recordings may be used in any medium, including print, World Wide Web, video, or audio.

(b) Use my name, likeness, voice, and biographical material in connection with recordings.

(c) Exhibit or distribute such recording in whole or part without restrictions or limitation for any educational or promotional purpose, which Oregon State University and those pursuant to its authority, deem appropriate.

I waive any right to inspect or approve the finished medium or the use to which it may be applied.

I represent that I am at least 18 years of age and that I have read and fully understood the above paragraphs and am knowingly and voluntarily executing this release.

Signature

Date

Name (PLEASE PRINT)

Title

Organization

Street

City

State

Zip

Telephone (area code first)

Parent/Guardian signature (if under 18)

Parent/Guardian Name (printed)

For Use by Oregon Sea Grant

Received by _____ Date _____

Intended Project Use
