

## **Photographic Likeness Consent Form**

| Please Print Name:  |
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| By signing below I give Washington State University permission to use my photographic likeness and/or a photographic likeness of my property, in promotional publications, educational publications, display and in other media.  |
| I grant permission to Washington State University to use, reproduce, distribute and/or publicize my photographic likeness and/or a likeness of my property taken by Publication, use and distribution of these photographic likenesses may be by any means and without limit. Publication or use may occur in any media, including newspapers; magazines, television; brochures; pamphlets; instructional material; books; Internet, web pages, and educational material. |
| I acknowledge that I understand that Washington State University intends to use these photographic likenesses for educational and promotional purposes.   |
| This agreement is binding on successors, assigns and/or heirs.  |
| Signature Date:   |
| Signature of Parent or Guardian Date:   |
| (A parent signature is required for those under age 18; guardian's signature is required for legally incapacitated persons and for any minor for whom a guardian is appointed.)   |