



Photographer \_\_\_\_\_

### **MODEL RELEASE**

Date \_\_\_\_\_

Location \_\_\_\_\_

I consent to the use of my name and/or photo (or any reproduction of the same in any form) by the University of Wisconsin-Superior or any agent, public or private, authorized by the university. I understand that my name and the image taken of me today may be used for any purpose, including publication, display, websites and advertising.

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Address \_\_\_\_\_

Students list major and class designation \_\_\_\_\_

\_\_\_\_\_