



Photo/Video Release Form

I, (please print your name) _____, give the University of California, Santa Cruz, the absolute right and permission to use a photograph(s) and or video(s) of me in its promotional materials and publicity efforts. I understand that the photographs and/or videos may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, cd-rom, Internet/WWW), or other form of promotion. I release the University, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____



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