



Media RELEASE FORM

I hereby grant Framingham State University permission to take/use photographs and video of me or photographs/video in which I may be involved with others for the purpose of promoting Framingham State University in publications and other media controlled by the University.

I hereby release and discharge Framingham State University from any and all claims arising out of use of the photos/videos. I also waive the right to any compensation for usage of the photography/video.

I have read the document and fully understand its contents.

(Signature)

(Date)

(Printed name)

(Phone Number)

If the above individual is a minor:

I am the parent or guardian of the minor named above, and I consent to the release. If in the future the minor voids this consent release, I agree to indemnify Framingham State University from any liability that may be incurred because of the minor's action.

(Signature)

(Date)

(Printed name)

(Phone Number)

(Street Address, City, State, Zip Code)