

MODEL RELEASE FORM

Arkansas State University occasionally has the need for students, faculty and staff to serve as photographic models for university publications, presentations, advertising and promotional materials. In order to maintain a file of prospective models, we would appreciate the following information:

(please print)

Name _____ Male _____ Female _____

Address _____ Phone _____

If Employee, Employment Position: _____

If Student, Age _____ ASU Classification _____ Major _____

Height _____ Hair Color _____

VOLUNTEER MODEL CONSENT AND RELEASE OF ALL INTELLECTUAL PROPERTY RIGHTS

I am willing to serve as a volunteer model for photographs, digital, and other images to be used in university publications, presentations, advertising and promotional materials. I hereby give permission for the use of my image, name, and identifying description to be displayed in the university materials described above. I hereby assign, transfer, and convey to Arkansas State University all rights, title, and interests, including all copyright and other intellectual property rights, in any photographs, digital, or other images made of me as a part of my volunteer model activities. I agree to the editing and reproduction of any image of me without additional consent. I confirm that I will not receive payment of any kind for the use of my name or image.

In order to assist Arkansas State University in maintaining a file of prospective volunteer models, I have provided the preceding information.

Signature

Date

AVAILABILITY: PLEASE INDICATE THE TIMES YOU HAVE OPEN.

	M	T	W	H	F
8 a					
9 a					
10 a					
11 a					
12 p					
1 p					
2 p					
3 p					
4 p					
5 p					