



## UTAH TECH UNIVERSITY PHOTO PERMISSION FORM

**NAME:** \_\_\_\_\_

**HOMETOWN (CITY/STATE )** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

I hereby consent to the use, reproduction, editing and/or broadcast by Utah Tech University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Utah Tech University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Utah Tech University solely and completely. I also consent to the use of the above information for promotional purposes.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

IF UNDER 18, PLEASE PROVIDE SIGNATURE OF PARENT OR GUARDIAN

I hereby consent to the use, reproduction, editing and/or broadcast by Utah Tech University of any and all photographs, video recordings and audio recordings of my dependent taken by or on behalf of Utah Tech University without compensation. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Utah Tech University solely and completely. I also consent to the use of the above information for promotional purposes.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**