

MODEL RELEASE

I hereby consent to and authorize without compensation the use and reproduction by Whitworth University of any photographs which have been taken of me for educational, promotional or other Whitworth purposes. Furthermore, I release Whitworth University from any and all liability from the use of these photos. I understand that all prints, negatives, digital images and slides will be the sole property of Whitworth University.

Name:		
Permanent address:		
City:	State:	
ZIP:	Phone:	
Location of photo shoot: Whitworth University	ersity	
Model's signature:		
Date:		