



Photo Release Form

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I agree that Keene State College shall own all photographs and reproductions thereof, including copyright. I waive any right to inspect or approve any photographs or reproductions, and I release Keene State College from any claims I may have for invasion of privacy, right of publicity, defamation, or any cause of action arising from the use I have granted herein.

I further agree that any photographs taken of me or my child may be reproduced in any materials, including newsletters, web sites, or social media intended to publicize Keene State College events or activities.

Name: _____

Address: _____

Telephone: _____

Signature: _____

If under age 18:

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____