

PHOTO & VIDEO RELEASE FORM

I,(please print) hereby give and
grant to Louisiana State University Shreveport and those acting	g under its permission or upon its
authority full and exclusive permission to copyright, use, and p	oublish for any and all
commercial purposes whatsoever any and all videography, pl	notographs or photographic prints
of me or other reproductions or digital images made of me in an	ny and all poses, either in
conjunction with or without using my name, and to make chang	ges or alterations in such a manner
as LSU Shreveport shall deem proper and appropriate. Such co	ommercial purposes include but
are not limited to publications, promotions, illustrations, advert	ising, or signage, in any manner
or in any medium. I hereby release Louisiana State University S	Shreveport and its legal
representatives for all claims and liability relating to said image	es and videos.
I also understand that no compensation will be provided.	
[] I acknowledge that I am over the age of 18.	
[] I am the parent or legal guardian of a model under the age of	of 18.
Model's Printed Name:	Date:
Model's Signature:	Date:
Model's Guardian's Signature:(if under 18)	Date:
Model's Phone Number:	_

LSUS Office of Media and PR LSU Shreveport One University Place Shreveport, LA 71115 318-797-5000 www.lsus.edu