



CALIFORNIA STATE UNIVERSITY
FULLERTON

Photography and Videography Release Form

I grant permission to employees and agents of The California State University system (CSU), of which the Fullerton campus (CSUF) is a part, to obtain and disseminate photography and/or videography in which I am featured.

I agree that The California State University (CSU) system owns all rights related to the photography and/or videography.

I waive any right to inspect, approve, or be compensated for the photography and/or videography.

I agree that the photography and/or videography may be used on multiple communications platforms and channels without notifying me.

I release the CSU, CSUF, and its employees and agents from any claims, damages, or liability in connection with obtaining or using photography and/or videography.

I am at least 18 years of age and competent to sign this release. I have read this release before signing; I understand its contents, meaning, and impact; and I freely accept the terms.

Printed Name

Date

Signature

Telephone or email address

Parent or Guardian if under 18 years of age

Address (optional)