

GONZAGA UNIVERSITY – SCHOOL OF EDUCATION
502 East Boone – Spokane, WA 99258-0025



PHOTO/VIDEO RELEASE FORM

Date: _____ Place: _____

I give permission to the School of Education, Gonzaga University to take and use the photograph(s) of:

Print - (name of child/person)

I understand that the photograph(s) will become the property of the School of Education I agree that the photograph(s) may be used in multimedia presentations, videotapes, books, supplemental products, and related advertising materials, such as brochures or websites.

Signature - (parent or guardian if person is a minor)

Date

Address

City

State

Zip Code

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