



PHOTOGRAPH RELEASE FORM



EVENT: _____ **PHOTOGRAPHER:** _____

I hereby authorize my photograph to be taken by Campus Recreational Sports at Indiana University, Bloomington, or its agents.

I understand that the purpose of the photograph is for promotional uses by Campus Recreational Sports and that any photograph taken will become the exclusive property of Campus Recreational Sports and may be used by them in any manner which they deem appropriate.

I understand that I will neither be compensated nor otherwise reimbursed for the use of my photograph. I understand that Campus Recreational Sports will make every effort to properly identify me when using my photograph. Campus Recreational Sports shall not have liability for the mislabeling, misidentification or loss of the photograph.

NAME	SIGNATURE	DATE
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