**PHOTOGRAPHER RELEASE FORM**

**“A WEEK IN THE LIFE OF TEXAS STATE”**

This form must be completed and turned in with your photos. We cannot use your photos without this signed release form. Please sign and return to the PALM Office, LBJ Student Center Room 4-1.6A.

**A Week in the Life of Texas State**

**LBJ Student Center 4-1.6A**

**601 University Drive**

**San Marcos, TX 78666**

**Phone (512) 245-8295**

**Fax (52) 245-8299**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant the LBJ Student Center an irrevocable license to use my enclosed photograph(s) now, or at any time in the future, throughout the world, in any manner it so chooses and in any medium now or later developed. This includes the right to modify the photograph as necessary in the LBJ Student Center’s sole discretion. This also includes, without limitation, use on any LBJ Student Center advertisements, brochures, and any other promotional materials it wishes. I acknowledge that the LBJ Student Center is under no obligation to use my photograph(s). By signing this form, I agree that the LBJU Student Center will credit my photograph(s) with my name, as provided below, wherever it used the photograph(s). Such credit will appear in a form similar to the following, with the addition of major and classification as space allows.

**“NAME OF PHOTOGRAPHER, MAJOR, CLASSIFICATION”**

I agree that there are to be no fees, commissions or royalties paid to me for the use of the photograph(s).

I acknowledge and agree that I am the owner of the enclosed photograph(s) and that I have the exclusive right and authority to grant the licenses herein.

The LBJ Student Center is not responsible for lost or damaged photos.

No photographs, images, or discs will be returned to the photographer.

Please print the following information. If we are unable to read the information below, proper credit cannot be given. Please be sure to include your signature at the bottom.

Name **(PRINT)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_