



Photo Release Form

Samford University
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Birmingham, AL 35229

Permission to Use Photograph

Subject: _____

Location: _____

I grant Samford University, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I further grant Samford University full rights to copyright, use and publish the same in print and/or electronically.

I agree that Samford University may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____

(if under age 18)