

Photo Release Form

Date_____

I hereby give my permission to Bowling Green State University, Summer Academic Youth Programs, the BGSU Office of Marketing & Communications, its agents, successors, assigns, clients and purchasers of its products, to use my photograph (whether still, motion, or television), recordings of my voice, and my name, in conjunction with the Summer Academic Youth Program camp.

Camp(s) Attending: (name of camp) _____

Name of Minor _____

Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Address _____

City, State, Zip _____