



Western
University
OF HEALTH SCIENCES

Image Release Form

I give Western University of Health Sciences and its assignees the right to use all audio, photographic or other visual images of me captured on the University's campus, or during any event or function associated with the University, without any restriction, for any educational, advertising, trade, promotional, exhibition, or other lawful purpose related to the business of the University. I waive any right to inspect or approve the image, or final materials that incorporate the image.

I release WesternU and its assignees from any liability for any distortion or alteration that may occur in capturing or processing the image, unless it can be shown that the images or publications thereof were maliciously produced.

I agree that Western University of Health Sciences owns the copyright for these images and I waive all claims resulting from the dissemination or use of such images, including, without limitation, any claims of invasion of privacy or defamation.

Name (please print) _____

Address _____

City/State/Zip _____

Phone _____ E-mail Address _____

As the individual named above, I am at least 18 years of age and competent to sign this release.

I agree that this release shall be binding on me, my legal representatives, heirs, and assignees. I have read this release and am fully familiar with its contents.

I do not agree to any of the above-mentioned information.

Signature _____ Date _____

The person who is named above, and whose image has been requested, is under 18 years of age. As his or her legal guardian, I am signing this form with the understanding that this release shall be binding on the person named above, as well as his/her legal representatives, heirs, and assignees. I have read this release and am fully familiar with its contents.

Signature _____ Date _____

Name (please print) _____

Address (if different from above) _____