



I grant to Fort Hays State University, its representatives and employees the right to take photographs of me and my property in connection with the identified subject. I authorize Fort Hays State University, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Fort Hays State 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 / Department Name _____
(if applicable)

Signature _____ Printed name _____

Organization / Department Name _____
(if applicable)

Signature _____ Printed name _____

Organization / Department Name _____
(if applicable)

Signature _____ Printed name _____

Organization / Department Name _____
(if applicable)

Signature _____ Printed name _____

Organization / Department Name _____
(if applicable)

Signature _____ Printed name _____

Organization / Department Name _____
(if applicable)

Signature _____ Printed name _____

Organization / Department Name _____
(if applicable)