



Photo/Video Release Form

I, _____,
grant to Bowie State University and its employees, agents, and representatives,
the irrevocable and unrestricted right to use and publish photographs/videos of
me, or in which I may be included, for editorial, trade, advertising, and any other
purpose and in any manner and medium; and to alter and composite the same
without restriction and without my inspection or approval. I hereby release the
University System of Maryland and Bowie State University, and its employees,
agents and representatives, from any and all claims and liability relating to said
photographs/videos.

Signature _____

Date _____

Date of Birth (*for BSU students only*): _____

Phone _____

Address _____
