

Winona State University Photo Opt Out Form

Complete this Form **ONLY** if you do not give Winona State University permission to use your photo in university publications and/or publicity. This includes WSU's website and social media.

Return this form to the Marketing & Communications office in Somsen 205.

- I do not authorize Winona State University (WSU) to record my photographs or other images or likenesses for any purpose.
- I hereby confirm that I am of legal age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above photo "Opt Out Release."
- I understand that by completing a Photo Opt-Out Form I am responsible for removing myself from areas in which photography and/or recording is taking place, or notifying the camera operator of my opt-out status. Failure for me to do so may result in my inclusion in a photograph or recording and will be treated as consent for the university to utilize that photograph or recording accordingly.

First Name: _____

Last Name: _____

Address: _____ City: _____

State: _____ Email Address: _____

Faculty / Staff / Student (circle one)

Department (faculty/staff only): _____

Date: _____

Signature: _____

- I hereby confirm that I am the parent or guardian of the student named above. I further affirm that I have read the above "Photo Opt Out Release."

Parent/Guardian Name (for students under 18): _____

Parent/Guardian Signature (for students under 18): _____

Disclaimer: Please be advised that images and videos taken in public spaces and/or at public events do not require authorization for publication. Your presence in or around college facilities and/or properties, as well as at off-campus university-sponsored events, constitutes your consent to the capture and/or use of your image and/or voice by Winona State University, and waives any claims or rights, whether in law or in equity.