



M C K E N D R E E
U N I V E R S I T Y

Photography or Media Release Form

I, the undersigned, do hereby consent and agree that McKendree University, its employees, or agents have the right to take photographs or digital recordings of me and to use these in any and all media, including but not limited to publication on social media sites, the McKendree website, and printed materials, now or hereafter known, and for the purpose of marketing the institution. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I represent that have read and understand the foregoing statement, and am competent to execute this agreement.

Student Name: _____

Signature: _____

Date: _____

If under 18 years of age:

Parent Name: _____

Signature: _____

Date: _____