



Cleveland State University

PHOTOGRAPHY RELEASE

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I hereby release Cleveland State University, its Board of Trustees, agents, officers, employees, and the Maxine Goodman Levin College of Urban Affairs from any and all claims and demands arising out of or in connection with the use of said photograph(s). I understand that Cleveland State University is not required nor obligated to use any photograph(s) I submit.

I understand and agree that if I am under the age of eighteen (18), the signature of my Parent/Guardian is required below.

Name (Please Print) _____

Signature _____

Date _____

PARENT/GUARDIAN

Name (Please Print) _____

Relationship _____ Phone _____

Signature _____

Date _____