

# **A WEEK IN THE LIFE OF TEXAS STATE**

## **PHOTOGRAPHER RELEASE FORM**

[www.lbjsc.txstate.edu/involvement/awit/](http://www.lbjsc.txstate.edu/involvement/awit/)

Print out the following form, sign it and deliver, fax, or mail it to the PALM Office LBJ Student Center 4-1.6A. We cannot use your photos without this signed release form.

**A Week in the Life of Texas State  
LBJ Student Center 4-1.6A  
601 University Drive  
San Marcos, Texas 78666  
Phone (512) 245-8295  
Fax (512) 245-8299**

I, \_\_\_\_\_, hereby grant the LBJ Student Center an irrevocable license to use my enclosed photograph(s) now or at any time in the future, throughout the world in any manner it so chooses and in any medium now or later developed. This includes the right to modify the photograph as necessary in the LBJ Student Center's sole discretion. This also includes, without limitation, use on in the LBJ Student Center advertisements, brochures and any other promotional material it wishes. I acknowledge that the LBJ Student Center is under no obligation to use my photograph(s). By signing this form, I agree that the LBJ Student Center will credit my photograph(s) with my name, as provided below, wherever it uses the photograph(s). Such credit will appear in a form similar to the following, with the addition of hometown, and state/province as space allows.

**"NAME OF PHOTOGRAPHER, HOMETOWN, STATE/PROVINCE".**

I agree that there are to be no fees, commissions or royalties paid to me for the use of the photograph(s).

I acknowledge and agree that I am the owner of the enclosed photographs and that I have the exclusive right and authority to grant the licenses granted herein.

The LBJ Student Center is not responsible for lost or damaged photos.

No photographs, images, or discs will be returned to the photographer.

Please print the following information. If we can't figure out how you spelled your name, proper credit cannot be given. Be sure to include your signature at the bottom.

Name (**PRINT**): \_\_\_\_\_

Major: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_