(print student’s name) and his/her parent or guardian, hereby grant permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet).

I additionally consent to the use of the student’s name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet.

We understand that consent to use of the student participant’s likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program.

No inducements or promises beyond our acceptance of an opportunity to promote WSU and its programs have been given to the persons signing below.

Any other use of images and/or recordings, my name, and/or interview comments requires advance permission.

We understand that we can revoke this consent at any time upon notice to WSU, at which time either or both of us will sign a copy of the denial (below) for use of images or voice recordings.

We agree to use of digital images or voice recordings as set forth above:

________________________________________________  __________________
Signature of Parent/Guardian (for participant less than 18 years of age)  Date

________________________________________________  __________________
Signature of Witness (required)  Date

________________________________________________  __________________
Signature of Imagine Tomorrow Student Competitor  Date

________________________________________________  __________________
Signature of Witness (required)  Date

We do not agree to use of digital images or voice recordings as set forth above:

________________________________________________  __________________
Signature of Parent/Guardian (for participant less than 18 years of age)  Date

________________________________________________  __________________
Signature of Witness (required)  Date

________________________________________________  __________________
Signature of Imagine Tomorrow Student Competitor  Date

________________________________________________  __________________
Signature of Witness (required)  Date

Mail this completed form to the address below by April 15, 2011.

Imagine Tomorrow
University Relations
PO Box 641040
Washington State University
Pullman, WA 99164-1040