



Institutional Marketing  
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### MODEL RELEASE

I, \_\_\_\_\_ (\_\_\_\_\_), or  
*Print full name* *Age \**

their parent/legal guardian do hereby authorize the University of Wyoming, its agents, successors, and assigns, to use and reproduce photograph(s), audio, or video in which I appear in official UW publications, and I waive any right that I may have to inspect and approve said photograph (or any copy that may be used in connection therewith) or to receive compensation for the use of said photograph, audio or video.

\_\_\_\_\_  
*Sign full name*

\_\_\_\_\_  
*Parent or Guardian*

\_\_\_\_\_  
*Street or box number*

\* If under the age of 18, signature of a parent or legal guardian is required to participate.

\_\_\_\_\_  
*City, state, zip code*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Date*

**Sovereign Immunity.** The University of Wyoming does not waive its sovereign immunity or its governmental immunity and fully retains all immunities and defenses provided by law.

**Status:** freshman \_\_\_\_; sophomore \_\_\_\_; junior \_\_\_\_; senior \_\_\_\_; graduate \_\_\_\_; law \_\_\_\_;  
doctoral \_\_\_\_; faculty \_\_\_\_; staff \_\_\_\_; administration \_\_\_\_; student family \_\_\_\_;  
other \_\_\_\_\_.

**Area(s) of Study:** \_\_\_\_\_.

**Home Town:** \_\_\_\_\_.

**E-mail address:** \_\_\_\_\_

I/we have read and understand the UW Safety Policy, and I/we are wearing the appropriate safety gear required in our lab at all times.

Date: \_\_\_\_\_

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

I/we understand that we are not wearing safety gear i.e. white coats and safety glasses.

I/we do not wear safety equipment in our department for the following reasons.

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Date: \_\_\_\_\_

Signature:

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