

Personal Photo Release Statement - Adult



Sam Noble Museum Education Department
University of Oklahoma

Participant Name _____

Sex _____

(Please print clearly)

Name of Program _____

Clothing Description _____

PHOTOGRAPHY RELEASE (optional)

I give my permission to have my photograph taken by the museum staff or affiliated agencies. I understand that these photographs may be used in museum and University of Oklahoma or other publications, both print and electronic.

Participant signature

Date