

RELEASE and AUTHORIZATION FOR USE OF DATA

I, _____, hereby agree to allow acquisition, creation, reproduction and publication of my photograph, video images of me or other likenesses of me, audio recordings of me and information about me (hereinafter collectively "my information") and hereby authorize the **College of Saint Benedict and Saint John's University** and its students, faculty and staff who are acting on its behalf (hereinafter collectively "**CSB/SJU**") to use my information for publication purposes including, but not limited to: assigned coursework, journalism, research, marketing, and promotion of CSB/SJU and its various programs.

I understand that my information may be copied and distributed by CSB/SJU using a variety of means, including, but not limited to: video and audio presentations, electronic presentations and delivery, television, news bulletins, billboards, signs, brochures, magazines, web sites, streaming media, on-line instruction materials and newspapers.

I understand that when CSB/SJU uses my information, others who are not subject to CSB/SJU's supervision and control may further disseminate my information.

I release CSB/SJU from any and all liability related to dissemination of my information. I specifically allow release of my information that is subject to the Minnesota Government Data Practices Act, Minnesota Statute Chapter 13, and any other statute, rule or regulation.

I have read this document and understand its contents.

Signature of Subject

Date

Email Address

Phone Number

Signature of Subject's Parent/Guardian (if under 18)

Date

Email Address

Phone Number

Signature of CSB/SJU Representative

Date

Notes: