

**St. Cloud State University - Outdoor Endeavors
Release and Authorization for Use of Data, Image**

I, _____, in consideration for allowing publication of my photograph, video images or other likenesses of me, and/or information about me (herinafter referred to collectively as "my information") regarding the *Outdoor Endeavors program or activity (including meetings and other planning activities)*, hereby authorize St. Cloud State University and its employees, agents and personnel who are acting on its behalf(hereinafter referred to collectively as "SCSU") to use my information for publication purposed including , but not limited to, publicity, marketing, online instruction, and research and promotion of SCSU and its various programs. I understand that my information may be copied and distributed by SCSU using a variety of means, including but not limited to video presentations, television, new bulletins, billboards, signs, brochures, magazines, Web sites, online instruction materials and newspapers.

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

I release SCSU from any and all liability related to dissemination of my information. I specifically allow release of my information this 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 content.

Dated: _____
Signature of Subject

If participant is under the age of 18, a parental signature is required!

Dated: _____
Signature of Parent or Guardian

Dated: _____
Signature of Coordinator for Experiential Programs