Photo Release Waiver

I, ____________________________________________, parent / guardian of

Full name of parent/ guardian

__________________________________________, give DePaul University

Full name of child under 18

my permission to include my child’s name, photograph, likeness and/or comments in DePaul’s internal and external marketing materials. I understand that this means DePaul may publish this information in any university publication, university website, or outside publication used to represent DePaul, such as an advertisement, brochure, news release, magazine, newspaper or newsletter. I understand that this information may be published and shown in public.

I understand that neither my child nor I will be compensated for sharing this information or providing permission to DePaul allowing its use.

Parent signature: ____________________________________________  Date: ______________

Phone: __________________________  Email: ______________________________