

PRAIRIE VIEW A&M UNIVERSITY
OFFICE OF STUDENT ACTIVITIES & LEADERSHIP
PRAIRIE VIEW, TEXAS 77446

PRAIRIE VIEW A&M UNIVERSITY SCHOLARSHIP PAGEANT PROGRAM
CONTESTANT TALENT AND PHOTO RELEASE

MUST BE TYPED

FULL NAME: _____ **SSN:** _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME TELEPHONE: _____ **LOCAL TELEPHONE:** _____

I hereby irrevocably consent to the use of my name and/or of one or more photographs of me and reproductions of the same for promotional and trade purposes by the **Prairie View A&M University Scholarship Pageant Program and/or program sponsors**, in any form deemed necessary by the pageant. Additionally, I also irrevocably consent to the use of any video or recording of my performance in the pageant to which I am a contestant. The publicity I receive by virtue of the use that may thereof will be full and adequate consideration for this consent.

I agree that all such portraits, pictures, and photographs, reproductions thereof and plates and negatives, recording both video or electronic that is connected therewith are and will remain the property of the **Prairie View A&M University Scholarship Pageant Program**, or program sponsors unless otherwise noted for hire by the pageant. I am of legal age and thereby eligible to give my consent.

CONTESTANT'S SIGNATURE

DATE