



OLLSCOIL NA GAILLIMHÉ  
UNIVERSITY OF GALWAY

## UNIVERSITY OF GALWAY MODEL RELEASE FORM

I explicitly grant to the University of Galway and its assignees and licensees the absolute right and permission to use and/or publish the content (including but not limited to photos and videos), in which I am included or have developed, in any medium (including but not limited to online or in print), throughout the world without any restriction whatsoever as to the nature of the use or publication or distribution. I understand the content may be altered and I waive the right to approve of any finished product.

**I certify that I am over 18 years of age and have the full legal right to execute this agreement.**

### Model Details

NAME (in caps):.....

HOME TOWN & COUNTY/COUNTRY:.....

STUDYING (if applicable):.....

TELEPHONE:.....

EMAIL: .....

DATE: .....

SIGNATURE: .....

WITNESS: .....

### Model Details

NAME (in caps):.....

HOME TOWN & COUNTY/COUNTRY:.....

STUDYING (if applicable):.....

TELEPHONE:.....

EMAIL: .....

DATE: .....

SIGNATURE: .....

WITNESS: .....