



WIUN Release Form

Complete the application fill-in form - click in area to be completed, print, sign and submit.

Date: _____

I, _____, residing at:

Street	City	State	Zip
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hereby consent to the photographing, recording, filming, and use of my voice or person, live or recorded, for webstreaming, broadcasting, and exhibition as part of WIUN's regular or special programming produced by students of Indiana University Northwest.

Further, I hereby release and otherwise agree to hold you harmless and to indemnify you and your assigns from any and all claims arising out of, or resulting from, my appearance and my statements in the above productions and programming.

Signature:

Parental Signature: (Needed if child is under the age of 18)

Print Name:

Print (Parent's)Name:

Telephone Number/Email address:

Date of Birth:

Submit in person;
by mail:, WIUN Radio
Department of Communication
Indiana University Northwest
Tamarack Hall 63
3400 Broadway
Gary, Indiana 46408-1197
or by Fax to (219) 980-6866.