

## Ohio Wesleyan University

### Name, Image & Likeness Disclosure Form

(August 2021)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Sport: \_\_\_\_\_

Please see the Ohio Wesleyan University Name, Image & Likeness Policy for the University's applicable requirements associated with earning compensation for your name, image, and likeness (NIL).

**Student-athletes must disclose the NIL contract whether verbal or written to the institution at least seven (7) days prior to entering into the contract. The completed disclosure form must be sent to Athletics Director Doug Zipp ([dwzipp@owu.edu](mailto:dwzipp@owu.edu)) and Compliance Coordinator Kris Boey ([kwboey@owu.edu](mailto:kwboey@owu.edu)) for review and approval.**

Proposed start date of activities: \_\_\_\_\_

Proposed end date of activities: \_\_\_\_\_

**A student-athlete may hire professional representation (e.g. an agent, attorney, tax advisor, marketing consultant, or brand manager) for advice, contract representation, and the marketing of their NIL, so long as the professional representation is NOT representing the student-athlete in securing professional athletic opportunities or financial gain as a professional athlete. That agent needs to be registered under Ohio law unless it is an immediate family member ([aco.ohio.gov](http://aco.ohio.gov)).**

Will you be obtaining professional representation for your NIL?

Yes ☐ No ☐

If yes, please provide the following contact information for this representative:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_

## Proposed NIL Contract Information:

Describe the proposed NIL activity:

What are the terms of the proposed contract or transaction? (If you have a written contract, please attach a copy to this form)

How will you be compensated for participating in the NIL activity?

List all parties to the proposed contract or transaction.

Name or person/Entity	Role	Contact Information (Email/Phone)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\_\_\_\_\_ I have read and accept the Ohio Wesleyan's Name, Image, & Likeness Policy.

\_\_\_\_\_ I acknowledge that Ohio Wesleyan, or a designee of OWU, may review the accuracy of this information, and I consent to any investigation, review, or audit.

Signature of Student-Athlete:

\_\_\_\_\_ Date: \_\_\_\_\_

*Signature of Parent/Legal Guardian (If student-athlete is a minor)*

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_