

# RELEASE FORM

**I hereby authorize Wesleyan University, and those acting pursuant to its authority to:**

(a) Record my likeness, voice and [describe artistic work, class, presentation, etc.]

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on a video, audio, photographic, digital, electronic or any other medium.

(b) Use my name in connection with these recordings.

(c) Use, reproduce, exhibit or distribute in any medium

LIMITATION: (If none, enter "n/a")

I release Wesleyan University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of Wesleyan University. I have read and fully understand the terms of this release.

Print name: \_\_\_\_\_

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

**If the student is under 18 years old, have the parent or guardian sign below also:**

I, \_\_\_\_\_, am the parent or legal guardian of the individual named above. I have read this release and approve of its terms.

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