



RELEASE FORM

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

- (a) Record my likeness and voice 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 (e.g. print

publications, video tapes, CD-ROM, Internet/WWW) these recordings as part of or in connection with my enrollment and participation in (FULL TITLE OF THE COURSE, WORKSHOP, OR EVENT), held during the (SEMESTER, YEAR, OR ACTUAL DATE(S)). I understand that the recorded materials will be primarily used as a study resource for students enrolled in the (COURSE, WORKSHOP, OR EVENT) and that it may also be used by other Wesleyan students and select scholars from Wesleyan and other institutions for research purposes only. (ADD TO, OR CHANGE TO REFLECT ACTUAL INTENT).

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: _____

