



---

**Wesleyan University**  
**Photo/Video Release Form**

I, \_\_\_\_\_ (print your full name here), grant Wesleyan University absolute permission to use photographs, videos, and audio recordings of me for promotional and publicity efforts in any manner or medium. I understand my image or likeness may be used by Wesleyan, or others to whom it grants permission, in their publications, print materials or digital ads, direct-mail pieces, social media, digital media programs (video, audio, web), or other forms of promotion.

I release the University, the photographer/video producer, their officers, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. Furthermore, I grant permission to use my statements that were given during any interviews or lectures, with or without my name, for the purpose of advertising and publicity without restriction.

I understand that all such recordings, in whatever medium, shall remain the property of others, including Wesleyan University in perpetuity, and I waive my right to any compensation.

**Print Name:** \_\_\_\_\_

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

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

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

I, \_\_\_\_\_ (print your full name here), am the parent or legal guardian of the above named individual. I have read this release and approve of its terms.

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