

# RELEASE FORM

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

Program Title: \_\_\_\_\_

In consideration of my interest in furthering the educational purposes of Indiana University of Pennsylvania (“the University”), particularly its efforts to increase awareness of issues concerning alcohol use and safety, I hereby provide my voluntary consent to any recording of myself on DVD, CD, videotape, film, audio tape, paper, digital media, or otherwise, by said students participating in public service events sponsored by the University or the Pennsylvania State System of Higher Education (PASSHE), including, but not limited to video and poster contests. I voluntarily authorize the use of my name, comments, likeness/image and biography for: (1) any proper and legitimate educational, promotional or commercial purposes by the University, its agents or designees either on or off campus; and (2) for use by \_\_\_\_\_. I also represent that all material furnished by me is my own or material for which I have full authority. I understand that the University does not have a role in the creation of the recordings and is not liable for any unauthorized disclosure or use of any image by an individual who is not acting at the direction of the University. This release expires one year from the date indicated below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print legibly) (First Name)

(Middle Name)

(Last Name)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State/Province, Zip code, Country

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

A form needs submitted for every person in the video. Return signed forms to Ann Sesti G-57 Suites on Maple East