

WELLESLEY COLLEGE
Pre-College Exploratory Workshops, Pre-College Immersive Program
Contemporary Women's Leadership, Summer Term
Summer Session 2019
Authorization to Use Image and Voice

Authorization to Use Image and Voice

Please print the Following Information and Read and Sign the Following Agreement

Participant Name: _____ Date: _____
Address: _____ Day Phone: _____
_____ Eve. Phone: _____
Program Name: _____ ID Type/ #: _____

SUMMER SESSION 2019
AUTHORIZATION and RELEASE
TO PHOTOGRAPH, RECORD, VIDEOTAPE and DISTRIBUTE

In consideration of my/my child's participation in the above named program, I, undersigned participant/parent hereby authorize Wellesley College acting through the Office of Summer Programs to record in any media (still photograph, audio, video, film, digital recording or any other media, collectively, recordings) my/my child's participation in the above named Program and any presentation and/or any interviews I/my child may give, to be used for educational, archival or marketing purposes, including providing a copy of the program, presentation and/or interview to other program participants or sponsors and to use my/my child's name in connection with these recordings. I agree that all property rights in the recordings belong to the College. I understand that these images may be distributed via electronic transfer media or via the internet including without limitation the College website or social media such as facebook or twitter. While it is the intent of the College to use the recordings for the purposes stated, I understand and agree that the recordings may be kept or used forever and may be used for any purpose the College deems fit including reproduction or distribution in any media as may now or hereafter exist.

In consideration of my participation in the Program, I hereby release Wellesley College, its trustees, officers, employees, volunteers, students, student associations, participating organizations, sponsors, vendors, program participants, agents and assigns (collectively, the Released Parties) from any and all liability related to dissemination or distribution of any recording of my/my child's participation in the program, presentation or interview or my image or voice, or the unauthorized reproduction, distribution, or display of the images or voice in print or any and all other media that may now or hereafter exist, and any alteration, distortion or illusionary effect, whether intentional or otherwise, in connection with said use, by any and all individuals or companies that are not Wellesley College or the Released Parties. I also agree that any disputes pertaining to this agreement shall be adjudicated under the laws of the Commonwealth of Massachusetts and in the Commonwealth of Massachusetts.

Participant's Name: _____ Month/Year of Birth: _____

Participant's Address: _____

Participant's signature: _____ Date _____

Parent/Legal Guardian Name (18 or under): _____

Signature of Parent/Legal Guardian _____ Date _____

PLEASE KEEP A COPY OF THIS RELEASE FOR YOUR RECORDS.

Both participant and parent/guardian must sign the form if student is under 18 years of age.