

Goshen College Standard Release Form - Performances

Date: _____

Program Title: _____

Client/Department: _____

In consideration of my interest in furthering the educational purposes of Goshen College, I hereby consent to a recording of myself on videotape, film, audio tape, paper, digital medium, or otherwise, by said college, its agents or employees for the specific program listed above. I authorize the use of such recordings for any proper and legitimate educational or commercial purposes by the college, either on or off campus.

I acknowledge Goshen College's ownership of the program and further agree that you may use my name, likeness and biographical information for the purpose of promoting the program. I assign to Goshen College all copyright claims I might have to my appearance or performance in this program. I warrant and represent that I am at least 18 years of age and have full authority for such purposes.

Signature

Date

Name (please print)

Street Address

Country, City, State/Province, Zip