



CHAMPLAIN COLLEGE

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CONSENT AND RELEASE FORM FOR PHOTOGRAPHS/VIDEO/AUDIO

Photographer: _____

Event or Project: _____ **Date:** _____

For good and valuable consideration, I consent to Champlain College of Burlington, Vermont (“Champlain”) and the third-party photographer named above and hired by Champlain for this event or project (“Photographer”) taking photographs, taking video, and/or making audio recordings of me in connection with the Event or Project on the date described above.

I hereby grant to Champlain and Photographer the right to use all or a portion of the photographs, video and/or audio recordings (the “Material”) in all forms and media now existing or invented in the future, in whole or in part, without restriction or limitation and without compensation, for all commercial and non-commercial purposes. Champlain and Photographer may use my image and name in connection with all uses of the Material. I grant to Champlain and Photographer the right to edit, mix or duplicate the Material at Champlain’s or Photographer’s discretion, and I waive the right to inspect or approve uses of the Material. Champlain and Photographer, or their designees, shall have complete ownership of the Material, including copyright interests. I acknowledge that I have no interest or ownership in the Material or its copyright. The rights granted in this Agreement are perpetual, irrevocable, and worldwide.

I release Champlain and Photographer, and their employees, agents, officers, trustees, and representatives, from any claims that may arise regarding the use of the Material, including any claims of defamation, invasion of privacy, infringement of moral rights, rights of publicity or copyright.

I confirm that I have the right to enter into this Agreement and am not subject to any other agreements that may limit my rights. I have read and understand this Agreement.

PLEASE PRINT CLEARLY

Name: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

Guardian’s Signature (if you are a minor): _____

Date: _____