

**SALISBURY UNIVERSITY**

Release Form

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date of Recording

\_\_\_\_\_  
Title of Series or Program

\_\_\_\_\_  
Place of Recording

In consideration of the service that may be rendered to education by my assisting Salisbury University in the collection and dissemination of educational and instructional resources, I authorize Salisbury University and those acting pursuant to its authority:

- to record on videotape, audiotape, film or any other medium, my above-described participation and appearance;
- and to exhibit, broadcast and distribute such recording(s) in whole or in part, without restriction or limitation, for any educational purpose which Salisbury University shall deem appropriate.

I acknowledge that this consent and release is of perpetual duration. I release Salisbury University from any claim that I may have by reason of the making or playing of the recording(s). I further release any right in the recording(s) and consent to the use of my name, likeness, voice and biographical material in connection with program publicity and for instructional promotional purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Consent and release of parent or guardian of participant, if a minor:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness