MEDIA RELEASE FORM
Last updated 4/27/22 by Kate Hardesty

PARTICIPANT CONSENTS TO (circle all that apply):

Audio Recordings  X  Electronic Images (Digital - Youtube)  X
Videotape Recordings  X  Broadcast on the Internet  X
Television  X  Social Media  X
Motion Pictures  X  Streaming Services  X
Photographs  X  Archive & PubPix  X

PARTICIPANT NAME: __________________________________________ DATE: __________________

SUMMARY: This form indicates whether or not you give your permission to be photographed, filmed, taped, or otherwise recorded for educational or promotional activities of the University of Rhode Island, and that you give this permission for free.

In the interest of promoting the University of Rhode Island, informing the public or prospective students concerning activities at the University, or for educational, scientific, or promotional purposes, I consent to the taking of audio recordings, videotape recording, motion pictures, photographs, or other electronic images, as indicated above, which will occur on or about ___________________. I authorize this under the following conditions:

1) The photographs, motion pictures, recordings, or images shall be used for publicity, educational, scientific, or other purposes, including, for example, release of a tape or images over the Internet or the distribution of a videotape or CD-ROM. Such images or information may be published and republished, exhibited either separately or in connection with each other, in professional journals, television, and/or other media, including the Internet, or used for any other purpose deemed in the interest of the University.

2) I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising or other showing of these films, tapes, photographs, or images, including any release or broadcast of them on the Internet, regardless of whether such exhibition, televising, release, broadcast, or other showing is under philanthropic, commercial, institutional, or private sponsorship, and irrespective of whether a fee for admission or film rental or other charge is assessed.

3) I understand that photographs, films, tapes or other images may be edited, modified, or retouched for artistic purposes, to withhold identity, or for other graphic production reasons which may or may not be within the University’s control.

In addition, I do / do not (select one) consent to be identified by name in the film, photograph, videotape, audio recording, or electronic image broadcast or released on the Internet.

Adult Release: I am over the age of 18.

Signature: ________________________________________________________________
Print Name: _______________________________________________________________
Email Address: ____________________________________________________________

Minor’s Release: If under 18 years old, the parent or legal guardian must sign below.

I, parent and/or legal guardian of _____________________________ (minor’s name), have read and understand all the terms and conditions of the above and hereby consent and grant my permission to each and all the foregoing.

Signature: ________________________________________________________________
Print Name: _______________________________________________________________
Email Address: ____________________________________________________________