



Media Release Form

Name of Participant: _____

Name of event or activity: _____

Date and Location of event or activity: _____

Lyndon State College periodically receives attention from newspapers, radio and TV stations; asking to take pictures, do interviews and audio-and video recordings of our programs. We ourselves take photos of activities to use in our newsletters, posters, press releases, website, etc.

We need a legal guardian's permission to do these things and ask you to read and respond to the information below. If you choose not to grant permission, this will in no way affect any child's opportunity to participate in Academic camp programs or events.

So that we can honor your wishes, mark the box indicating your choice and sign the release. Please return this form to: Donna Smith, Camp Director, Lyndon State College, P. O. Box 919, Lyndonville, VT 05851.

MEDIA RELEASE FOR A MINOR

I, the undersigned, being legal guardian of the child listed above, grant to Lyndon State College the right to his/her photograph, likeness, video or voice recording with or without his/her name, for broadcast or publication in any and all media. I hereby release any claims of copyright, libel, slander, violation of privacy or similar rights that I may have. There is no expiration date of this release; I will not seek compensation for usage.

_____ OPT OUT: I do not grant permission to use my child's photograph, likeness, video or voice recording with or without his/her name, for broadcast or publication in any and all media.

Print Name: _____

Signature: _____ Date: _____