



## Appearance Release Form

*Please Print)*

**Person Appearing:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Production Date:** \_\_\_\_\_

**Producer (Event Coordinator):** \_\_\_\_\_

I authorize **Champlain College** and the associated producer to record and edit into Programs/Series/Segments and related materials, my name, likeness, image, voice, and performance, and related biographical information about me. I assign to Champlain College and the producer the right to use, and the right to authorize others to use, the footage, whether in excerpts or all parts of the Program/Series/Segment, including the recordings, for educational and other Champlain College purposes, whether in online media, in advertisements or promotions for the Program/Series/Segment, for use or display on the Champlain College web site, or other media. This authorization is without date restriction. Unless the signature of my parent or guardian appears below, I represent that I am not a minor.

### Signature of Person Appearing:

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Please Print)*

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (day) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (evenings)

**E-Mail:** \_\_\_\_\_

I represent that I am the parent/guardian of the minor who has signed above. I agree that we both shall be bound by this Agreement.

### Signature of Parent/Guardian:

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Please Print)*

**Name of Parent/Guardian:** \_\_\_\_\_

If you have any questions, please contact Lyle King, Media Services Operations Manager, at (802) 865-6462 or E-mail at lyle@champlain.edu.