



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.