

# LAFAYETTE COLLEGE

## Publicity Consent and Release Form

I hereby consent to be photographed/videotaped/recorded by Lafayette College. I agree that Lafayette College may use my name, voice, or image and any quotes attributable to me in any marketing materials associated with Lafayette College.

I hereby waive all rights related to Lafayette College's use of the above materials.

I have hereby read and understand the above and hereby affix my signature indicating my agreement and certification that I am of at least eighteen years of age.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

\_\_\_\_\_

Guardian Signature: \_\_\_\_\_  
(If subject is under 18)

Date: \_\_\_\_\_