

## Lafayette College Publicity Consent and Release Form

I hereby consent to be photographed/videotaped/recorded by Lafayette College. I grant Lafayette College the irrevocable right to use my name, voice or image, and any quotes, as well as derivative works of the same, which are attributable to me in any marketing materials associated with Lafayette College, without any compensation to me.

I hereby waive all rights related to Lafayette College's use of the above materials and release and discharge Lafayette College its current and former trustees, agents, officers, and employees for any and all claims related to the distribution of said photographs or video recordings.

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. This release is binding on me and my heirs.

Printed Name:		
Signature:		-
Address:		-
Guardian Signature:18)	(	f subject is under
Date://		